



National Resource Center on Homelessness and Mental Illness

Clinical Issues

August 2003

*Resources listed herein are a selection of materials available on this topic. Many are available from your local library or inter-library loan. Unless otherwise noted, all other materials are available from the National Resource Center on Homelessness and Mental Illness. Photocopying charges are \$.10 per page; make checks payable to **Policy Research Associates, Inc.** If you have difficulty locating any of the materials listed in this bibliography, please contact the Resource Center at the phone number or e-mail address below.*

Clinical Issues

Order #: 8264

Authors: Allen, J.P., Columbus, M. (eds.).

Title: **Assessing Alcohol Problems: A Guide for Clinicians and Researchers.**

Source: Bethesda, MD: National Institute on Alcohol Abuse and Alcoholism, 1995. (Guide: 573 pages)

Abstract: This guide provides a comprehensive look at assessing alcohol problems for clinicians and researchers. It begins with a general overview summarizing important features of formal alcohol assessment. This is followed by a Quick Reference Instrument Guide listing each instrument provided in the guide and providing at-a-glance comparisons for usage. The guide then provides information on the following assessment domains: screening; diagnosis; assessment of drinking behavior; treatment planning; treatment and process assessment; and outcome evaluation. The last section of the guide presents copies of the instruments arranged alphabetically, each immediately preceded by a fact sheet that summarizes administration, scoring, and interpretation and notes copyright status and how to obtain copies of scales.

Available From: National Technical Information Service, U.S. Department of Commerce, 5285 Port Royal Road, Springfield, VA 22161, (703) 605-6585, www.ntis.gov.

Order #: 11498

Authors: Anthony, W.

Title: **Toward a Vision of Recovery for Mental Health and Psychiatric Rehabilitation Services.**

Source: Boston, MA: Center for Psychiatric Rehabilitation, Sargent College of Allied Health Professionals, Boston University, 1994. (Videotape: 29 minutes)

Abstract: The purpose of this video is to inform people about the need for a recovery vision and to stimulate an analysis of the implications of a recovery vision for mental health practitioners and system planners. This video can operate as a preservice and inservice vehicle for initiating group discussion about the implications of a recovery vision for service providers, researchers, administrators, families, and most importantly, consumers/survivors (author).

Available From: Center for Psychiatric Rehabilitation, 940 Commonwealth Avenue West, Boston, MA 02215, (617) 353-3549, www.bu.edu/cpr/catalog/order-info.html. (COST: \$85/purchase).

Order #: 2596

Authors: Anthony, W., Spaniol, L.

Title: **Readings in Psychiatric Rehabilitation.**

Source: Boston, MA: Center for Psychiatric Rehabilitation, 1994. (Book: 538 pages)

Abstract: This book contains a collection of articles from the Psychosocial Rehabilitation Journal. This collection gives readers a comprehensive overview of the field and provides crucial direction for providers of psychiatric rehabilitation. The articles describe a number of different models of psychiatric rehabilitation, including the Program of Assertive Community Treatment (PACT) vocational model, as well as application in a wide variety of settings. The articles also include provider, researcher and consumer perspectives (authors).

Available From: Center for Psychiatric Rehabilitation, 940 Commonwealth Avenue West, Boston, MA 02215, (617) 353-3549, www.bu.edu/cpr/catalog/order-info.html.

Clinical Issues

Order #: 5971

Authors: Baumohl, J. (ed).

Title: Homelessness in America.

Source: Phoenix, AZ: The Oryx Press, 1996. (Book: 291 pages)

Abstract: This book features 19 essays about homelessness. To understand homelessness and what to do about it, the contributing authors examine the social economic arrangements that shape individual experiences. The book is organized into three parts: (1) history, definitions, and causes of homelessness; (2) dimensions of homelessness, including the demographic aspects of the problem; and (3) responses to homelessness, and public attitudes about homelessness. Other topics include: employment; rural homelessness; veterans; families; cultural competence; the Stewart B. McKinney Homeless Assistance Act; substance abuse; and prevention. An appendix of information clearinghouses and national and state organizations is included.

Available From: The Oryx Press at Greenwood Publishing Group, 88 Post Road West, Box 5007, Westport, CT 06881, (203) 226-3571, <http://info.greenwood.com>.

Order #: 1539

Authors: Blackwell, B., Breakey, W., Hammersley, D., Hammond, R., McMurray-Avila, M., Seeger, C.

Title: Psychiatric and Mental Health Services.

Source: In Brickner, P.W., Scharer, L.K., Conanan, B.A., Savarese, M., and Scanlan, B.C. (eds.), Under the Safety Net: The Health and Social Welfare of the Homeless in the United States. New York, NY: W.W. Norton & Company, 1990. (Book Chapter: 18 pages)

Abstract: This chapter is divided into two sections. The first section is an overview of who homeless individuals with mental illnesses are, and why they are homeless, as well as a brief description of how programs to assist them have evolved. The second section is a detailed description of mental health service delivery system that would be most effective for this population based on the authors' personal experiences and relation to a rapidly growing body of literature (authors).

Order #: 11978

Authors: Blanch, A., Prescott, L.

Title: Managing Conflict Cooperatively: Making a Commitment to Nonviolence and Recovery in Mental Health Treatment Settings.

Source: Alexandria, VA: National Technical Assistance Center for State Mental Health Planning, 2002. (Report: 29 pages)

Abstract: This report is designed to help support state mental health systems in their efforts to create and maintain behavioral health treatment environments with zero tolerance for violence, and to minimize the use of overt and subtle forms of coercion. The experts meeting that resulted in this report was designed to introduce basic concepts of conflict management and alternative dispute resolution to the mental health field, explore the potential application of these techniques to specific mental health settings and as part of an overall systems change process, and describe how this approach can provide concrete tools and assistance to states in their efforts to reduce the use of seclusion and restraint (authors).

Available From: National Technical Assistance Center for State Mental Health Planning, 66 Canal Center Plaza, Suite 302, Alexandria, VA 22314, (703) 739-9333, www.nasmhpd.org/ntac..

Clinical Issues

Order #: 1622

Authors: Bond, G.R., Witheridge, T.F., Dincin, J., Wasmer, D.

Title: **Assertive Community Treatment: Correcting Some Misconceptions.**

Source: American Journal of Community Psychology 19(1): 41-51, 1991. (Journal Article: 11 pages)

Abstract: This article discusses historical, policy, and research perspectives on Assertive Community Treatment (ACT). Several misconceptions concerning ACT are addressed. According to the authors, programs based on ACT principles have become one of the dominant approaches to community mental health services, especially for consumers who do not readily use office-based treatment.

Order #: 6909

Authors: Bradizza, C.M., Stasiewicz, P.R.

Title: **Integrating Substance Abuse Treatment for the Seriously Mentally Ill into Psychiatric Treatment.**

Source: Journal of Substance Abuse Treatment 14(2): 103-111, 1997. (Journal Article: 9 pages)

Abstract: This article offers guidelines for the assessment and treatment of substance abuse problems in seriously mentally ill persons who are admitted into inpatient psychiatric treatment. This approach, which has been used successfully by the authors, involves identifying potential substance abusers, conducting an assessment regarding consumption, negative consequences and high risk situations involved with substance abuse, and presenting feedback in a non-coercive manner. Treatment consists of a structured coping skills group that covers both general social skills and specific drug and alcohol coping skills to assist in coping with high-risk situations. The content of each group sessions is described along with guidelines for conducting coping skills group treatment. (authors).

Order #: 7979

Authors: Breakey, W.R.

Title: **Clinical Work with Homeless People in the USA.**

Source: In Bhugra, D. (ed.), Homelessness and Mental Health. New York, NY: Cambridge University Press, 110-132, 1996. (Book Chapter: 23 pages)

Abstract: In this chapter, the author discusses the issues relating to homeless individuals with mental illness in the United States. The homeless population is described and the provision of services is discussed. The author also examines clinical considerations. Finally, some programs, models, and service systems are described. The author concludes by discussing the future of these issues, and urges a greater emphasis on preventing homelessness among people with mental illness.

Order #: 1961

Authors: Breakey, W.R.

Title: **Mental Health Services for Homeless People.**

Source: In Robertson, M.J., and Greenblatt, M. (eds.), Homelessness: A National Perspective. New York, NY: Plenum Press, 1992. (Book Chapter: 7 pages)

Abstract: This chapter considers how clinical work with homeless people is affected by the special characteristics of the target population and how these characteristics affect the development of effective service systems. According to the author, mental health professionals need skill and innovation, patience, realism, and attention to the hierarchy of needs of the homeless. The range of services in a mental health program should include outreach, case management, direct clinical services, supervised housing, and consultation with shelter providers (authors).

Clinical Issues

-
- Authors:** Breakey, W.R. **Order #:** 373
- Title:** Treating the Homeless.
- Source:** Alcohol Health and Research World 11(3): 42-47, 1987. (Journal Article: 6 pages)
- Abstract:** The author characterizes the homeless population as disaffiliated, distrustful and disenchanted, geographically mobile, and presenting multiple problems. Clinical treatment is frequently complicated by alcohol abuse and dependence. According to the author, clinical services for this population must: (1) overcome stigma and bias; (2) address accessibility issues; (3) be realistic; (4) address basic needs first; (5) provide support systems; and (6) be placed within a system of care.
-
- Authors:** Breakey, W.R., Thompson, J.W. **Order #:** 7473
- Title:** Psychiatric Services for Mentally Ill Homeless People.
- Source:** In Breakey, W.R., and Thompson, J.W. (eds.), Mentally Ill and Homeless: Special Programs for Special Needs. Amsterdam, The Netherlands: Harwood Academic Publishers, 1-16, 1997. (Book Chapter: 16 pages)
- Abstract:** For more than a decade, American psychiatrists and other mental health professionals and service providers have worked to understand homelessness as it affects people with serious mental illness. In this chapter, the authors outline the current state of practice in this field in order to provide a context for the description of innovative new programs. The chapter covers topics including the extent of the problem; responding to the need of homeless people; clinical and programmatic considerations; and programs, models, and service systems.
-
- Authors:** Brems, C., Johnson, M.E. **Order #:** 6959
- Title:** Clinical Implications of the Co-Occurrence of Substance Use and Other Psychiatric Disorders.
- Source:** Professional Psychology 28(5): 437-447, 1997. (Journal Article: 11 pages)
- Abstract:** This article discusses the great frequency of and special needs presented by the co-occurrence of substance use and psychiatric disorders. The authors suggest that such co-occurrence may call for special assessment and evaluation procedures, modified treatment plans, and specialized follow-up. The authors discuss in detail the need for cross-disciplinary collaboration; greater integration of substance use, mental health, and social services treatment approaches; and modifications in the training of care providers.
-
- Authors:** Brooks, E.R. **Order #:** 6131
- Title:** The Politics of Diagnostic Identity.
- Source:** Psychiatric Services 46(10): 1013-1014, 1995. (Journal Article: 2 pages)
- Abstract:** The author describes personal experience of being in confinement over a course of five years and receiving numerous diagnoses. Attitudes dominating psychiatry and mental health treatment, particularly as it is practiced in public settings are discussed. More than 20 years after these experiences, the author explains the existence of stigma and its permanent presence. The author contends that pharmacological tools offer an exciting beginning if patients are properly diagnosed and the tools applied. However, the author notes that there is no pharmacology for prejudice, discrimination, and medically determined hopelessness.

Clinical Issues

Order #: 1360

Authors: Brotman, A.W., Muller, J.J.

Title: The Therapist as Representative Payee.

Source: Hospital and Community Psychiatry 41(2): 167-171, 1990. (Journal Article: 5 pages)

Abstract: The effects of the therapist's assuming control of the patient's finances through representative payeeship is discussed. The authors use case examples from an urban outpatient community mental health center to illustrate administrative issues, ethical conflicts, and transference and countertransference manifestations of payeeship. They favor an approach whereby the institution is formally the payee and a clinician is designated to manage a patient's account. For most patients for whom a clinician assumed payeeship, compliance with treatment increased, the number and length of hospitalizations decreased, and housing arrangements improved. They conclude that although designating the therapist as payee has a significant impact on the therapeutic relationship, in most cases the patient is so impaired that the benefits outweigh the liabilities (authors).

Order #: 588

Authors: Brown, K.S., Fellin, P.

Title: Practice Models for Serving the Homeless Mentally Ill in Community Shelter Programs.

Source: In Bowker, J. (ed.), Services for the Chronically Mentally Ill: New Approaches for Mental Health Professionals. Washington, DC: Council on Social Work, 1988. (Book Chapter: 69 pages)

Abstract: The goal of this book chapter is to help social work practitioners understand who homeless people are, what their service needs are, and how these needs are currently being met in community shelter programs. Special attention is given to how practices can be organized to better meet the needs of homeless persons who have mental illnesses with an emphasis on developing practice frameworks for social workers who are working in community-based programs serving this population (authors).

Order #: 906

Authors: Brown, M.A., Wheeler, T.

Title: Supported Housing for the Most Disabled: Suggestions for Providers.

Source: Psychosocial Rehabilitation Journal 13(4): 59-68, 1990. (Journal Article: 10 pages)

Abstract: This article describes supported housing services provided to individuals targeted by the Oregon Mental Health Division as most at risk of psychiatric hospitalization. The authors believe that the process of engaging clients and building relationships is the key to the program's effectiveness. Eight skills and supports, such as managing money, structuring time, and setting limits, are outlined, as is a process for determining the correct mix of skill development and modification of the environment for each person. Information on staff skills and attitudes and organizational support is also provided. Case vignettes are used to provide a sense of the process of serving supported housing clients (authors).

Clinical Issues

-
- Authors:** Brunette, M., Drake, R.E. **Order #: 7975**
- Title:** **Gender Differences in Homeless Persons with Schizophrenia and Substance Abuse.**
- Source:** Community Mental Health Journal 34(6): 627-642, 1998. (Journal Article: 16 pages)
- Abstract:** This article examines the generalizability of previous research on gender differences between men and women with co-occurring schizophrenia and substance abuse. One hundred eight patients with schizophrenia or schizo-affective disorder involved in a study of treatment for homeless persons were interviewed for information regarding substance use, social functioning and support, comorbid disorders, victimization, medical illness, and legal troubles. The authors found that women had more children and were more socially connected than men. Women also had higher rates of sexual and physical victimization, comorbid anxiety and depression, and medical illness than men. The authors conclude that in addition to comprehensive treatment of psychiatric and substance use disorders, gender specific services should be developed, including prevention and treatment of victimization and related problems as well as help with accessing medical services (authors).
-
- Authors:** Carey, K.B. **Order #: 7035**
- Title:** **Treatment of Co-Occurring Substance Abuse and Major Mental Illness.**
- Source:** New Directions for Mental Health Services 70: 19-31, 1996. (Journal Article: 13 pages)
- Abstract:** This article proposes a model for the treatment of co-occurring substance abuse and major mental disorders that integrates empirically grounded strategies applicable to substance abuse problems into the context of outpatient mental health treatment. The model is organized around five therapeutic steps that can serve as guidelines for treatment planning. The model is also based on several underlying assumptions. First, the model assumes an outpatient mental health context in which clients have contact with a primary therapist or case manager. It also attempts to integrate substance abuse interventions and ongoing psychiatric treatment, and requires a combination of pharmacological treatment, psychosocial treatments, and supportive services. The final assumption of the model consists of adopting a longitudinal approach to treatment.
-
- Authors:** Carey, K.B. **Order #: 10337**
- Title:** **Substance Use Reduction in the Context of Outpatient Psychiatric Treatment: A Collaborative, Motivational, Harm Reduction Approach.**
- Source:** Community Mental Health Journal 32(3): 291-306, 1996. (Journal Article: 16 pages)
- Abstract:** A conceptual model for reducing substance use within the context of outpatient psychiatric treatment is described. The proposed model incorporates four themes from the psychological treatment literature: treatment intensity, stages of change, motivational interventions, and harm reduction. The five steps of the model include establishing a working alliance, evaluating the cost-benefit ratio of continued substance abuse, individualizing goals for change, building an environment and lifestyle supportive of abstinence, and anticipating and coping with crises. This model attempts to integrate clinical realities of mental health treatment with empirically grounded strategies applicable to substance abuse problems (authors).

Clinical Issues

Order #: 10665

Authors: Carey, K.B., Purnine, D.M., Maisto, S.A., Carey, M.P., Simons, J.S.

Title: Treating Substance Abuse in the Context of Severe and Persistent Mental Illness: Clinician's Perspectives.

Source: Journal of Substance Abuse Treatment 19: 189-198, 2000. (Journal Article: 9 pages)

Abstract: In this article the authors report on four focus groups (N=12) that were conducted with clinicians who were nominated by their peers as experienced and/or expert in treating persons with comorbid substance use and psychiatric disorders. Discussion followed a four-part outline that included (a) general questions about training and experience with the population, (b) preferred treatment methods, (c) motivational issues, and (d) recommendations to the field. Their treatment approaches emphasized psychoeducation, a good therapeutic relationship, and the need to be flexible regarding methods and goals. Abstinence was the preferred goal among most clinicians; even so, they expressed a pragmatic flexibility and other views consistent with principles of harm reduction (authors).

Order #: 1743

Authors: Caro, Y., Nardacci, D., Silbert, H., Colub, W., Madiwela, R.N.

Title: Hospital Assessment.

Source: In Katz, S.E., Nardacci, D., and Sabatini, A. (eds.), Intensive Treatment of the Homeless Mentally Ill. Washington, DC: American Psychiatric Press, 1992. (Book Chapter: 18 pages)

Abstract: In this chapter, the authors examine the interdisciplinary process of hospital assessment, beginning in the psychiatric emergency room and proceeding to the homeless inpatient unit. They explore population-specific psychiatric and medical diagnostic issues along with clinical factors most relevant in making decisions about readiness for direct community placement versus long-term hospital transfer. They conclude with a psychological profile of the "typical" Homeless Emergency Liaison Project (Project HELP) inpatient based on the results of an intensive small-scale study (authors).

Order #: 12138

Authors: Catalano, R., McConnell, W., Forster, P., McFarland, B., Thornton, D.

Title: Psychiatric Emergency Services and the System of Care.

Source: Psychiatric Services 54(3): 351-355, 2003. (Journal Article: 5 pages)

Abstract: This article describes a study to assess whether weekly admissions to psychiatric emergency services would increase when outpatient services were reduced, whether weekly admissions would increase when greater effort was made to identify and treat persons with acute mental illness, and whether weekly admissions would decrease when emergency services were enhanced to include postrelease case management. The findings from the study show that the causes and course of mental illness inextricably tie a psychiatric emergency service to the overall mental health system and to events in the community it serves (authors).

Order #: 8940

Authors: Center for Mental Health Services.

Title: Partners in Recovery: Creating Successful Practitioner-Consumer Alliances.

Source: Rockville, MD: CMHS Center for Substance Abuse Treatment, 2001. (Videotape: 18 minutes)

Abstract: This 18 minute video is intended to improve therapeutic relationships between mental health providers and recipients of mental health services. The video consists of a compilation of interviews with mental health providers and people living with mental illness. Mental health consumers and practitioners share stories of what worked and did not work in building constructive relationships. Topics of discussion include recovery, hope and empowerment, information dissemination, consumers as experts, and family and peer support. These are concepts basic to every mental health professional in developing the therapeutic relationship.

Clinical Issues

Order #: 1006

Authors: Chafetz, L.

Title: **Withdrawal from the Homeless Mentally Ill.**

Source: Community Mental Health Journal 26(5): 449-461, 1990. (Journal Article: 13 pages)

Abstract: This article discusses the problem of providing sensitive psychiatric services to homeless clients, and examines the mutual withdrawal that occurs between disaffiliated, distrustful clients and their psychiatric caregivers. In public psychiatric services, particularly in walk-in and crisis units serving the homeless, mental health problems are often complicated by the anger, resentment, and alienation engendered by extreme poverty and isolation. The responsibility for reaching out effectively to such clients clearly rests with staff, yet providers themselves may be overwhelmed by clinical problems, unprepared to deal with social and economic needs, and finally, too demoralized to pursue what they perceive as improbable goals, or "lost causes." The author concludes by suggesting ways to support and direct clinicians working with the homeless, both through initiatives within services and more formal training programs.

Order #: 1485

Authors: Chafetz, L.

Title: **Why Clinicians Distance Themselves From the Homeless Mentally Ill.**

Source: In Lamb, H.R., Bachrach, L.L., Kass, F.I. (eds.), Treating the Homeless Mentally Ill. Washington, DC: American Psychiatric Association, 1992. (Book Chapter: 13 pages)

Abstract: In public psychiatric services, particularly in the walk-in and crisis units serving the homeless population, mental health problems are often complicated by the anger, resentment, and alienation engendered by extreme poverty and isolation. The responsibility for reaching out effectively to such clients clearly rests with staff who may be overwhelmed and unprepared to deal with their social and economic needs. In this chapter, the author focuses on the problem of providing sensitive psychiatric services to homeless clients - specifically, the mutual withdrawal that occurs between disaffiliated, distrustful clients and their psychiatric caregivers (author).

Available From: American Psychiatric Association, 1000 Wilson Boulevard, Suite 1825 Arlington, Va. 22209, (703) 907-7300, www.psych.org.

Order #: 8636

Authors: Chinman, M.J., Rosenheck, R., Lam, J.A.

Title: **The Development of Relationships Between People Who Are Homeless and Have a Mental Disability and Their Case Managers.**

Source: Psychiatric Rehabilitation Journal 23(1): 47-55, 1999. (Journal Article: 9 pages)

Abstract: Using data collected from people who are homeless and have a mental disability and who participated in the first two years of the Center for Mental Health Services' Access to Community Care and Effective Services and Supports (ACCESS) national demonstration project, the authors assessed which person-related characteristics predicted the formation and the strength (therapeutic alliance) of a relationship with a clinical case manager. The results are organized into a framework for understanding the development of a clinical case manager relationship. Implications for outreach to clients who are homeless and have a mental illness are discussed (authors).

Clinical Issues

Order #: 1602

Authors: Cohen, C.I., Thompson, K.S.

Title: Homeless Mentally Ill or Mentally Ill Homeless?

Source: American Journal of Psychiatry 149(6): 816-823, 1992. (Journal Article: 8 pages)

Abstract: The authors present data indicating that recent socioeconomic and political shifts contributed greatly to homelessness among all groups, regardless of mental illness; that those with and without mental illness have similar biographical and demographic profiles; that high levels of mental distress are common to all homeless persons; and that few mentally ill homeless persons require involuntary hospitalization. This perspective suggests responses that de-emphasize clinical solutions and focus on empowerment, consumerism, entitlement, community-level interventions, and closer alliances with other advocates for the homeless (authors).

Order #: 717

Authors: Cohen, M.B.

Title: Social Work Practice with Homeless Mentally Ill People: Engaging the Client.

Source: Social Work 34(6): 505-509, 1989. (Journal Article: 5 pages)

Abstract: In this article, the author reviews the literature and develops an empowerment-oriented approach to engaging homeless mentally ill individuals in services. Specific engagement strategies include making a direct offer of service and providing voluntary services that meet clients' perceived needs. The author argues that homeless mentally ill individuals can be helped most effectively if they can control the helping process. She recommends practice strategies that encourage clients to participate fully in identifying needs, determining goals, and setting the terms of the helping process.

Order #: 330

Authors: Cohen, N.L., Marcos, L.R.

Title: Psychiatric Care of the Homeless Mentally Ill.

Source: Psychiatric Annals 16(2): 729-732, 1986. (Journal Article: 4 pages)

Abstract: The authors of this article discuss the growing number of homeless mentally ill persons, the legal barriers to treatment, and the "revolving door" of inpatient care. They review the trend toward strict criteria for involuntary treatment and the recent shift toward providing involuntary care to seriously impaired individuals. The New York City Homeless Emergency Liaison Project (Project HELP) and the Mayor's emergency cold weather announcement that broadened police powers to transport homeless people for involuntary medical and psychiatric evaluation are described and discussed.

Order #: 7441

Authors: Cohen, N.L., McQuiston, H., Albert, G., Edgar, J., Falk, K., Serby, M.

Title: Training in Community Psychiatry: New Opportunities.

Source: Psychiatric Quarterly 69(2): 107-116, 1998. (Journal Article: 10 pages)

Abstract: This article describes the impact on training that accompanied an assignment of senior psychiatry residents to work one-half day each week for six months at a community-based agency concerned with the care of persons with severe and persistent mental illness who were formerly homeless. Psychiatry residents worked at one of five supportive housing facilities in New York, and residents and staff of the community agencies were surveyed following the completion of the assignment. The response from the communities agencies was enthusiastic, noting improvements in availability of service to clients and quality of care. Psychiatric residents expressed satisfaction with the time spent at community agencies and remarked on the gratification of seeing patients recover from homelessness to relatively stable, community-based lives.

Clinical Issues

Order #: 309

Authors: Cohen, N.L., Putman, J.F., Sullivan, A.M.

Title: **The Mentally Ill Homeless: Isolation and Adaptation.**

Source: Hospital and Community Psychiatry 35(9): 922-924, 1984. (Journal Article: 3 pages)

Abstract: The Homeless Emergency Liaison Project (Project HELP) was established in New York City in 1982 as a mobile outreach unit providing crisis medical and psychiatric services to impaired homeless persons. The authors describe the demographic characteristics of the population served, the disposition of patients accepting treatment or shelter services, and the adaptation of people who are homeless to weather extremes. They discuss the difficulties in providing services to a population whose members are distrustful of authority and are unwilling to provide information about themselves. They conclude that the more disaffiliated members of the homeless population need more extensive services than the homeless who use some kind of existing sheltered care (authors).

Order #: 12649

Authors: Comtois, K., Russo, J., Sonwden, M., Srebnik, D., Ries, R., Roy-Byrne, P.

Title: **Factors Associated with High Use of Public Mental Health Services by Persons with Borderline Personality Disorder.**

Source: Psychiatric Services 54(8): 1149-1154, 2003. (Journal Article: 6 pages)

Abstract: In this article, the authors discuss a pilot study done to identify clinical factors associated with high use of inpatient psychiatric services by persons with borderline personality disorder. The articles states that high use of inpatient psychiatric services was predicted by a history of parasuicide in the previous two years but not by the number or severity of parasuicides; by the presence and number of anxiety disorders, but not by depression or psychotic or substance use disorders; and by poorer cognitive functioning. The authors assert that life stressors, global functioning, and health service variables did not differentiate patients with high levels of service use from other patients with borderline personality disorder. The authors suggest further research to explore the predictors of service use to determine whether they are replicated in larger samples. Treatments that target these variables are also suggested (authors).

Order #: 644

Authors: Cournos, F.

Title: **Involuntary Medication and the Case of Joyce Brown.**

Source: Hospital and Community Psychiatry 40(7): 736-740, 1989. (Journal Article: 5 pages)

Abstract: In October 1987, Joyce Brown became the first homeless person removed from New York City's streets and hospitalized under a city initiative that authorized evaluation of "gravely disabled" homeless persons for admission to inpatient psychiatric treatment. Miss Brown's highly publicized and ultimately successful court battle to prevent a course of forced medication is described. The author, who served as independent psychiatric consultant to the court on the decision about Miss Brown's involuntary medication, uses the case to illustrate some of the problems of involuntary psychiatric intervention, including the commitment of competent patients and the lack of a coherent approach to persistent treatment refusal (author).

Clinical Issues

Order #: 11227

Authors: Cruz, M., Cruz, R.F., McEldoon, W.

Title: Best Practice for Managing Noncompliance with Psychiatric Appointments in Community-Based Care.

Source: Psychiatric Services 52(11): 1443-1445, 2001. (Journal Article: 3 pages)

Abstract: In this article, the authors describe their efforts to define the best practice for managing noncompliance with psychiatric appointments in a health care system. They report the overall rate of missed appointments, describe a subsequent investigation of compliance as an indicator of quality of services, and present an intervention that was designed to improve the quality of treatment and identify the best practice for clients who do not keep their appointments (authors).

Order #: 3064

Authors: Diamond, R.J.

Title: Coercion and Tenacious Treatment in the Community: Applications to the Real World.

Source: In Dennis, D., and Monahan, J. (eds.), Coercion and Aggressive Community Treatment: A New Frontier in Mental Health Law. New York, NY: Plenum Publishing Corporation, 1996. (Book Chapter: 23 pages)

Abstract: Coercion in community-based programs has become an increasing concern. Much of this concern has coincided with the development of assertive community treatment programs. The development of PACT (Program For Assertive Community Treatment), ACT (Assertive Community Treatment) teams, and a variety of similar mobile, continuous treatment programs, has made it possible to coerce a wide range of behaviors in the community. This chapter discusses coercion in clinical situations; coercion and the range of coercive interventions available in the community; court-ordered treatment as the most extreme end of the continuum of coercive interventions; and how the need for coercion can be decreased (author).

Order #: 1754

Authors: Diamond, R.J.

Title: The Psychiatrist's Role in Supported Housing.

Source: Hospital and Community Psychiatry 44(5): 461-464, 1993. (Journal Article: 4 pages)

Abstract: Although increasing attention is paid to the development of different kinds of residential options, psychiatrists have had little input into this area in general, and into supported housing in particular. This paper briefly reviews some of the historical reasons why psychiatrists have been relatively uninvolved in the development of supported housing, discusses what they can contribute, and outlines some potential problems with their involvement.

Clinical Issues

Order #: 11572

Authors: Dickey, B., Normand, S.T., Weiss, R.D., Drake, R.E., Azeni, H.

Title: Medical Morbidity, Mental Illness, and Substance Use Disorders.

Source: Psychiatric Services 53(7): 861-867, 2002. (Journal Article: 7 pages)

Abstract: This article states that previous research on the prevalence of medical disorders among adults with mental illness has been inconclusive. In general, studies have found higher rates among persons with mental illness, but these studies did not account for comorbid substance use disorders. The authors examined whether certain medical disorders are more prevalent among adults with severe mental illness and whether a comorbid substance use disorder increases prevalence beyond the effect of severe mental illness alone. Administrative data from the Massachusetts Division of Medical Assistance were used in a cross-sectional observational study design. The sample consisted of 26,332 Medicaid beneficiaries 18 to 64 years of age. Of these, 11,185 had been treated for severe mental illness. Twelve-month prevalence rates were computed, and logistic regression was used to estimate the effect of a substance use disorder or another mental illness on the risk of having a medical disorder. Compared with Medicaid beneficiaries who are not treated for severe mental illness, those with severe mental illness had a significantly higher age- and gender-adjusted risk of the medical disorders considered in the study. Those with a comorbid substance use disorder had the highest risk for five of the disorders. The higher treated prevalence of certain medical disorders among adults with severe mental illness should receive higher priority; and efforts should be made to develop specialized disease self-management techniques (authors).

Order #: 1983

Authors: Dixon, L., Friedman, N., Lehman, A.

Title: Compliance of Homeless Mentally Ill Persons With Assertive Community Treatment.

Source: Hospital and Community Psychiatry 44(6): 581-583, 1993. (Journal Article: 3 pages)

Abstract: This paper reports preliminary data on the first 26 patients to complete three months of treatment in a prospective study to assess compliance patterns of a sample of homeless people with mental illnesses. Specifically, the study evaluated compliance patterns of homeless patients receiving psychiatric care and case management services from an assertive community treatment (ACT) team in Baltimore. Although these data are preliminary, they show that homeless patients with mental illnesses who were offered an assertive community outreach approach with comprehensive services, were largely able to adhere to treatment recommendations in most domains except for daily structure. Patients were least compliant in the domain of daily structure, suggesting the importance of low-demand housing and drop-in centers for these individuals.

Order #: 7476

Authors: Dixon, L., Kernan, E., Krauss, N., Lehman, A., DeForge, B.R.

Title: Assertive Community Treatment for Homeless Adults with Severe Mental Illness in Baltimore.

Source: In Breakey, W.R. and Thompson, J.W. (eds.), Mentally Ill and Homeless: Special Programs for Special Needs. Amsterdam, The Netherlands: Harwood Academic Publishers, 51-74, 1997. (Book Chapter: 24 pages)

Abstract: This chapter describes the implementation of the Assertive Community Treatment (ACT) program for homeless adults with serious mental illness in Baltimore. This program represented the coordinated efforts of a community mental health center (the Walter P. Carter Center), a university research program (Center for Mental Health Services Research at the University of Maryland), a provider of health services for the homeless (Health Care for the Homeless), and a homeless shelter (Project PLASE), all under the organizing sponsorship of a city-wide local mental health authority (Baltimore Mental Health Systems, Inc). The topics discussed include the clinical program, the research component of the program, and the lessons learned from both the clinical and research components.

Clinical Issues

Order #: 12023

Authors: Dixon, L., McFarlane, W.R., Lefley, H., Lucksted, A. Cohen, M., Falloon, I., Mueser, K., Miklowitz, D., Solomon, P., Sondheim, D.

Title: Evidence-Based Practices for Services to Families of People with Psychiatric Disabilities.

Source: Psychiatric Services 52: 903-910, 2001. (Journal Article: 8 pages)

Abstract: This article discusses family psychoeducation. It is an evidence-based practice that has been shown to reduce relapse rates and facilitate recovery of persons who have mental illness. A core set of characteristics of effective psychoeducation programs has been developed, including the provision of emotional support, education, resources during periods of crisis, and problem-solving skills. Unfortunately, the use of family psychoeducation in routine practice has been limited. Barriers at the level of the consumer and his or her family members, the clinician and the administrator, and the mental health authority reflect the existence of attitudinal, knowledge-based, practical, and systemic obstacles to implementation. Family psychoeducation dissemination efforts that have been successful to date have built consensus at all levels, including among consumers and their family members; have provided ample training, technical assistance, and supervision to clinical staff; and have maintained a long-term perspective (authors).

Order #: 2372

Authors: Draine, J., Solomon, P.

Title: Explaining Attitudes Toward Medication Compliance Among a Seriously Mentally Ill Population.

Source: The Journal of Nervous and Mental Disease 182(1): 50-54, 1994. (Journal Article: 5 pages)

Abstract: This article explores how social relations, activities and networks affect attitudes toward medication compliance. Data were collected as part of a randomized clinical study of the efficacy of services provided by a team of case managers composed primarily of mental health service consumers. The results indicate that building social relations and increasing social activity as a strategy to expand a client's social network contributes to improved attitudes toward medication compliance (authors).

Order #: 235

Authors: Drake, R.E., Adler, D.A.

Title: Shelter is Not Enough: Clinical Work with the Homeless Mentally Ill.

Source: In Lamb, H.R. (ed.), The Homeless Mentally Ill: A Task Force Report. Washington, DC: American Psychiatric Association, 1984. (Book Chapter: 11 pages)

Abstract: Linking the homeless mentally ill with available resources is, in practice, an enormously difficult task. Caregivers who work with this population daily confront the paradox that extremely needy individuals reject a variety of services offered with good will and make choices that do not appear to be in their own best interests. In this chapter, the authors describe some of the practical problems that caregivers face in attempting to help these patients. The discussion begins with case histories of four typical patients who have been homeless in the Boston area (author).

Clinical Issues

Order #: 8846

Authors: Drake, R.E., Goldman, H.H., Leff, H.S., Lehman, A.F., Dixon, L., Mueser, K.T., Torrey, W.C.

Title: **Implementing Evidence-Based Practices in Routine Mental Health Service Settings.**

Source: Psychiatric Services 52(2): 179-182, 2001. (Journal Article: 4 pages)

Abstract: This article describes the rationale for implementing evidence-based practices in routine mental health service settings. Evidence-based practices are interventions for which there is scientific evidence consistently showing that they improve client outcomes. Despite extensive evidence and agreement on effective mental health practices for persons with severe mental illness, research shows that routine mental health programs do not provide evidence-based practices to the great majority of their clients with these illnesses. The authors define the differences between evidence-based practices and related concepts, such as guidelines and algorithms. They discuss common concerns about the use of evidence-based practices, such as whether ethical values have a role in shaping such practices and how to deal with clinical situations for which no scientific evidence exists (authors).

Order #: 3707

Authors: Drake, R.E., Mueser, K.T., Clark, R.E., Wallach, M.A.

Title: **The Course, Treatment, and Outcome of Substance Disorder in Persons with Severe Mental Illness.**

Source: American Journal of Orthopsychiatry 66(1): 42-51, 1996. (Journal Article: 10)

Abstract: Individuals with co-occurring mental health and substance abuse disorders are particularly vulnerable to negative outcomes. This paper reviews findings on the longitudinal course of dual disorders in traditional treatment systems, which provide separate mental health and substance-abuse programs; describes the movement toward programs that integrate both types of treatment at the clinical level; reviews evidence related to outcomes in integrated treatment programs; and discusses health care policy changes that would encourage effective treatments (authors).

Order #: 12650

Authors: Dwight-Johnson, M., Lagomastino, I., Simpson, G.

Title: **Psychopharmacology: Underuse of Evidence-Based Pharmacotherapies for Affective Disorders.**

Source: Psychiatric Services 54(8): 1076-1078, 2003. (Journal Article: 3 pages)

Abstract: This article discusses the rapid expansion of pharmacopeia in psychiatry within recent decades. The authors assert that, in the rush to embrace newer medications, older but effective agents are being left behind, even though evidence-based guidelines for unipolar and bipolar affective disorders include recommendations for the use of older agents, such as tricyclic antidepressants, monoamine oxidase inhibitors (MAOIs), and lithium as the treatment of choice for certain subsets of patients. The article reviews the evidence base for the use of tricyclics, MAOIs, and lithium, and summarize the barriers to effective use in clinical practice. The authors make suggestions for organizing practice resources to promote the inclusion of these agents in guideline-level care for affective disorders (authors).

Clinical Issues

Order #: 11645

Authors: Edlund, M.J., Wang, P.S., Berlund, P.A., Katz, S.J., Lin, E., Kessler, R.C.

Title: **Dropping out of Mental Health Treatment: Patterns and Predictors Among Epidemiological Survey Respondents in the United States and Ontario.**

Source: American Journal of Psychiatry 159(5): 845-851, 2002. (Journal Article: 7 pages)

Abstract: The authors interviewed individuals treated for self-described mental health problems in the preceding year to examine patterns and predictors associated with dropping out of treatment. Subjects were drawn from respondents to community epidemiological surveys carried out in representative samples of US and Ontario populations. Dropouts were those who had left mental health treatment during the prior year for reasons other than symptom improvement. The surveys also assessed potential dropout correlates: sociodemographic characteristics, attitudes about mental health care, disorder type, provider type and treatment received. The proportion of dropouts did not significantly differ between the United States and Ontario, nor did the effects of the predictors differ significantly between the two samples. Sociodemographic characteristics associated with treatment dropout included low income, young age, and in the United States, lacking insurance coverage for mental health treatment. Respondents who received both medication and talk therapy were less likely to drop out than those who received single-modality treatments (authors).

Order #: 12001

Authors: Falk, K., Albert, G.

Title: **Treating Mentally Ill Homeless Persons: A Handbook for Psychiatrists.**

Source: New York, NY: Project for Psychiatric Outreach to the Homeless, Inc., 1998. (Guide: 71 pages)

Abstract: This book discusses the thousands of people who are homeless with a mental illness in New York City, and go without treatment. The authors describe that without treatment, these individuals remain paranoid, apathetic, unable to think clearly, self-destructive, or at the mercy of terrifying delusions and hallucinations. The authors suggest that perhaps, because traditional outpatient services have proved inadequate, some psychiatrists and public policy makers believe that outpatient treatment of people who are homeless is very difficult or even impossible. According to the authors, people who are homeless with a mental illness are in a downward spiral created by the interactions of poverty, mental illness, and the scarcity of accessible and appropriate outpatient psychiatric services. The purpose of outreach is to add an ingredient to their treatment which is now missing and which is necessary for changing the course of what happens to them. This book is based on the authors' experience with people who are homeless with mental illness in New York City.

Available From: Project for Psychiatric Outreach to the Homeless, Inc., Bowling Green Station, P.O Box 876, New York, NY 10274, (212) 579-2650, www.ppoh.org.

Order #: 65

Authors: Farr, R.K.

Title: **A Mental Health Treatment Program for the Homeless Mentally Ill in the Los Angeles Skid Row Area.**

Source: In Jones, B.E. (ed.), Treating the Homeless: Urban Psychiatry's Challenge. Washington, DC: American Psychiatric Press, 1985. (Book Chapter: 28 pages)

Abstract: This chapter discusses the development and goals of the Skid Row Mental Health Project in Los Angeles. Several innovative aspects of the program are described, including: the SSI Clinic, the Rapid Transit District Clinic and the Skid Row Directory. The author concludes with a discussion of planning issues and a three-phased approach to developing programs for the homeless mentally ill: (1) the emergency first-aid phase, (2) the stabilization phase, and (3) the long-range solution phase.

Clinical Issues

Order #: 1350

Authors: Federal Task Force on Homelessness and Severe Mental Illness.

Title: **Outcasts on Main Street: Report of the Federal Task Force on Homelessness and Severe Mental Illness.**

Source: Washington, DC: Interagency Council on the Homeless, 1992. (Report: 91 pages)

Abstract: Representatives from all major federal departments whose policies and programs directly affect the homeless population with serious mental illnesses met over an 18-month period and issued this report to the Interagency Council on the Homeless. The authors present a plan of action that they believe reflects a vital first step toward ending homelessness among people with serious mental illness. The report: (1) outlines fundamental principles and the essential components of an integrated and comprehensive system of care for homeless people with serious mental illness; (2) identifies immediate action steps and more long-term systemic measures that federal departments can take to facilitate state and local efforts; (3) proposes new opportunities for states and communities to develop, test, and improve the organization, financing, and delivery of a wide range of essential services for homeless people with severe mental illnesses; and (4) recommends steps that state and local organizations can take to respond more appropriately to the needs of homeless people with serious mental illnesses.

Available From: National Resource Center on Homelessness and Mental Illness, Policy Research Associates, Inc., 345 Delaware Avenue, Delmar, NY 12054, (800) 444-7415, www.nrchmi.samhsa.gov.

Order #: 11610

Authors: Fenton, W., Hoch, J., Herrell, J., Mosher, L., Dixon, L.

Title: **Cost and Cost-Effectiveness of Hospital vs. Residential Crisis Care for Patients Who Have Serious Mental Illness.**

Source: Archives General Psychiatry 59: 357-364, 2002. (Journal Article: 8 pages)

Abstract: This study evaluates the cost and cost-effectiveness of a residential crisis program compared with treatment received in a general hospital psychiatric unit for patients who have serious mental illness in need of hospital-level care and who are willing to accept voluntary treatment. Residential crisis programs may be a cost-effective approach to providing acute care to patients who have serious mental illness and who are willing to accept voluntary treatment. Where resources are scarce, access to needed acute care might be extended using a mix of hospital, community-based residential crisis, and community support services (authors).

Order #: 7446

Authors: Fenton, W.S., Mosher, L.R., Herrell, J.M., Blyler, C.R.

Title: **Randomized Trial of General Hospital and Residential Alternative Care for Patients with Severe and Persistent Mental Illness.**

Source: American Journal of Psychiatry 155(4): 516-522, 1998. (Journal Article: 7 pages)

Abstract: In this article, the authors report a prospective randomized trial to test the clinical effectiveness of a model of acute residential alternative treatment for patients with persistent mental illness requiring hospital-level care. Patients enrolled in the Montgomery County, Md., public mental health system who experienced an illness exacerbation and were willing to accept voluntary treatment were randomly assigned to the acute psychiatric ward of a general hospital or a community residential alternative. Treatment episode symptom improvement, discharge status, and six-month pre- and post-episode acute care utilization, psychosocial functioning, and patient satisfaction were assessed. Results showed that treatment episode symptom reduction and patient satisfaction were comparable for the two settings, as were the six-month pre- and post-episode criteria. The authors conclude that for patients who do not require intensive general medical intervention and are willing to accept voluntary treatment, the alternative program model studied provides outcomes comparable to those of hospital care (authors).

Clinical Issues

Order #: 11970

Authors: Fischer, D.B.

Title: **Health Care Reform Based on an Empowerment Model of Recovery by People with Psychiatric Disabilities.**

Source: Hospital and Community Psychiatry 45(9): 913-915, 1994. (Journal Article: 3 pages)

Abstract: This article discusses the current health care system with regard to people suffering from psychiatric disabilities. The author suggest an empowerment model of recovery, which emphasizes the importance of each person's taking a more active role in his or her own health care. Bill Moyers's television show and book, "Healing and the Mind", are referenced.

Order #: 997

Authors: Fischer, P.J., Breakey, W.R., Ross, A., Royall, R., Romanoski, A., Nestadt, G.

Title: **Homeless People in Jail: Treatment Issues.**

Source: Paper presented at the 143rd Annual Meeting of the American Psychiatric Association, New York, 1990. (Report: 12 pages)

Abstract: The authors present data from the Baltimore Homeless Study in order to examine the extent to which criminal behavior in a sample of homeless people reflects chronic deviant behavior as opposed to criminalization of functional adaptation to the homeless lifestyle and diminished capacity of individuals. The findings suggest that high prevalence of mental disorders and substance abuse among the homeless population may render these individuals more likely to be channeled into the corrections system than into more appropriate mental health services. Corrections institutions, particularly jails, are examined as important alternative sites for delivery of health and mental health services (authors).

Order #: 11829

Authors: Fisher, D.B.

Title: **A New Vision of Healing as Constructed by People with Psychiatric Disabilities Working as Mental Health Providers.**

Source: Psychosocial Rehabilitation Journal 17(3): 67-81, 1994. (Journal Article: 14 pages)

Abstract: This paper describes the experiences the author, and other people recovering from psychiatric disabilities, undergo in working in the mental health system. The author discusses the process of recovery, and how it enables those with psychiatric disabilities to make unique contributions to all levels of service provision. The author concludes that the principles of recovery and empowerment have come into the awareness of many mental health workers and administrators (author).

Order #: 8569

Authors: Fisk, D., Rowe, M., Laub, D., Calvocoressi, L., DeMino, K.

Title: **Homeless Persons with Mental Illness and Their Families: Emerging Issues From Clinical Work.**

Source: Families in Society: The Journal of Contemporary Human Services 81(4): 351-359, 2000. (Journal Article: 9 pages)

Abstract: The authors draw on their work with homeless persons with mental illness to outline three family-related issues that seem common to many homeless persons with mental illness: (1) conflict or structural changes in the family that may increase individuals' risk of homelessness; (2) the emotional connection individuals have to their families, and the relationship between this connection and their homelessness; and the ways in which individuals' relationships with their families influences their transition from homelessness to independent living. The authors explore these issues and give case examples (authors).

Clinical Issues

Order #: 11583

Authors: Fitzpatrick, C.

Title: A New Word in Serious Mental Illness: Recovery.

Source: Behavioral Healthcare Tomorrow (11)4: 1-6, 2002. (Journal Article: 6 pages)

Abstract: This article highlights the history and vision of recovery from mental illness with characteristics of illnesses, definitions of recovery and contributing perspectives from clinicians and consumers. As mental illnesses become better understood, new medications are discovered, and consumers of mental health services gain greater traction in the field, discussions increasingly are focusing not on coping with serious mental illness, but on recovering from it.

Order #: 2755

Authors: Forster, P., King, J.

Title: Definitive Treatment of Patients with Serious Mental Disorders in an Emergency Service, Part II.

Source: Hospital and Community Psychiatry 45(12): 1177-1178, 1994. (Journal Article: 2 pages)

Abstract: According to the authors, psychiatric emergency service should not only provide crisis stabilization but follow-up care as well. This more comprehensive treatment approach to emergency psychiatric care is defined as "definitive treatment." This article discusses definitive treatment in the psychiatric emergency service for suicidal patients and patients with bipolar disorder. The authors contend that providing definitive treatment in the psychiatric emergency service setting can give staff a tangible sense of the benefits of good care, as patients who were seen as incurable return for follow-up with stable mood, resolved psychosis, and a new sense of optimism (authors).

Order #: 3151

Authors: Francell, E.G.

Title: Medication: The Foundation of Recovery.

Source: Innovations and Research 3(4): 31-40, 1994. (Journal Article: 10 pages)

Abstract: For many consumers, proper medication management can provide the necessary foundation for recovery from mental illness. This article discusses issues surrounding medication management including: compliance; coercion; rehabilitation opportunities; education and support; and medication effectiveness. The authors suggest that a collaborative approach to medication management involving both the consumer and the mental health professional maximizes medication effectiveness and compliance.

Order #: 270

Authors: Frances, A., Goldfinger, S.

Title: "Treating" A Homeless Mentally Ill Patient Who Cannot Be Managed in the Shelter System.

Source: Hospital and Community Psychiatry 37(6): 577-579, 1986. (Journal Article: 3 pages)

Abstract: The authors propose a system of case management where skilled mental health professionals are responsible for ensuring that homeless clients with mental illnesses receive a comprehensive range of services, support, and treatment. They stress the importance of first offering tangible benefits like a hotel room or bus pass so that homeless clients who often mistrust mental health professionals, will see case managers as providing help, not treatment. Once a positive relationship has been established, treatment issues can be approached.

Clinical Issues

Order #: 12641

Authors: Frese, F.J., Davis, W.W.

Title: **The Consumer-Survivor Movement, Recovery, and Consumer Professionals.**

Source: Professional Psychology: Research and Practice 28(3): 243-245, 1997. (Journal Article: 3 pages)

Abstract: This article presents a brief history of the consumer-survivor movement in the United States, including the basis for various viewpoints within that movement. The authors describe the concept of recovery that has arisen primarily from within the consumer movement and how it offers an important perspective for mental health providers. Also described is the impact of stigma and discrimination, which are especially destructive when they come from mental health providers. The authors also explore the importance and utility for consumers to have mental health providers who themselves have experienced a serious mental illness (authors).

Order #: 11226

Authors: Frese, F.J., Stanley, J., Kress, K., Vogel-Scibilia, S.

Title: **Integrating Evidence-Based Practices and the Recovery Model.**

Source: Psychiatric Services 52(11): 1462-1468, 2001. (Journal Article: 7 pages)

Abstract: Consumer advocacy has emerged as an important factor in mental health policy during the past few decades. Winning consumer support for evidence-based practices requires recognition that consumers' desires and needs for various types of treatments and services differ significantly. The authors suggest that the degree of support for evidence-based practices by consumer advocates depends largely on the degree of disability of the persons for whom they are advocating. Advocates such as members of the National Alliance for the Mentally Ill, who focus on the needs of the most seriously disabled consumers, are most likely to be highly supportive of research that is grounded in evidence-based practices. On the other hand, advocates who focus more on the needs of consumers who are further along their road to recovery are more likely to be attracted to the recovery model. Garnering the support of this latter group entails ensuring that consumers, as they recover, are given increasing autonomy and greater input about the types of treatments and services they receive. The authors suggest ways to integrate evidence-based practices with the recovery model and then suggest a hybrid theory that maximizes the virtues and minimizes the weaknesses of each model (author).

Order #: 11660

Authors: Galanter, M., Egelko, S., Edwards, H., Vergaray, M.

Title: **Practical Business of Treatment - 28: A Treatment System for Combined Psychiatric and Addictive Illness.**

Source: Addiction 89(28): 1227-1235, 1994. (Journal Article: 9 pages)

Abstract: In this article, the authors describe a model treatment system for patients with combined general psychiatric and addictive disorders in one municipal hospital in New York. It is composed of three complementary units: a locked ward, a halfway house, and a day program. Treatment is based on a peer leadership approach coupled with professional treatment, and provides multiple levels of care to address the needs of respective patients. Of 464 admissions evaluated and treated, most were from disadvantaged minorities, homeless and abusers of cocaine. All were admitted with acute psychiatric or perinatal presentations, and carried Axis I diagnoses in addition to their substance abuse. Clinical experience over 6 years is reviewed, suggesting the feasibility of reorganizing general hospital psychiatric services to address the needs of the dually diagnosed (authors).

Clinical Issues

-
- Authors:** Gill, B., Meltzer, H., Hinds, K.
- Title:** **The Prevalence of Psychiatric Morbidity Among Homeless Adults.**
- Source:** International Review of Psychiatry 15: 134-140, 2003. (Journal Article: 6 pages)
- Abstract:** This bulletin presents some key findings about the prevalence of psychiatric morbidity among homeless adults identified in the OPCS surveys of psychiatric morbidity. It describes briefly the survey methods used, and how diagnoses of neuroses, psychoses, alcohol, and drug dependence were derived. The main aim is to describe differences in prevalence rates among the population defined as homeless (authors).
-
- Order #: 12527**
- Authors:** Goldberg, E.V., Simpson, T.
- Title:** **Challenging Stereotypes in Treatment of the Homeless Alcoholic and Addict: Creating Freedom Through Structure in Large Groups.**
- Source:** Social Work with Groups 18(2/3): 79-93, 1995. (Journal Article: 15 pages)
- Abstract:** This paper challenges stereotypes that influence treatment of the alcoholic and addicted homeless population. It describes a method used to work with this population that was developed when group membership rose to 30 - 45 and became too large for "traditional" small-group approaches. It examines conventional substance abuse treatment and group work literature that influence group structure, process, and the leader role; and examines related issues of empowerment in reference to an autonomy-paternalism dilemma. (authors).
-
- Order #: 11656**
- Authors:** Goldfinger, S.M.
- Title:** **Homelessness and Schizophrenia: A Psychosocial Approach.**
- Source:** In Herz, M.I., Keith, S.J. and Docherty, J.P. (eds.), Handbook of Schizophrenia. Psychosocial Treatment of Schizophrenia, Volume 4, Elsevier Science Publishers, 1990. (Book Chapter: 16 pages)
- Abstract:** This chapter describes the history and magnitude of homelessness among persons diagnosed with schizophrenia. The author discusses the context of care, including the heterogeneity of the population, housing, engagement, clinician response, and the role of involuntary commitment. Issues surrounding outreach, case management, medication management and emergency treatment are discussed.
-
- Order #: 2063**
- Authors:** Golub, W., Nardacci, D., Frohock, J.A., Friedman, S.
- Title:** **Interdisciplinary Strategies for Engagement and Rehabilitation.**
- Source:** In Katz, S.E., Nardacci, D., and Sabatini, A. (eds.), Intensive Treatment of the Homeless Mentally Ill. Washington, DC: American Psychiatric Press, 1992. (Book Chapter: 22 pages)
- Abstract:** In this chapter, the authors examine the experience of the Bellevue Homeless Psychiatric Unit in New York City and highlight a number of its important clinical principles relevant to therapeutic success with the homeless. Bellevue has been developing new strategies for the engagement and rehabilitation of this difficult and often treatment-refractory population. Hardly revolutionary in its design, the Bellevue program is strongly multidisciplinary and tends to be conservative about discharge. Patients are carefully medicated and gently resocialized toward the ultimate goal of community reentry and an enhanced quality of life (authors).
-
- Order #: 1744**

Clinical Issues

Order #: 1264

Authors: Goodman, L., Saxe, L., Harvey, M.

Title: Homelessness as Psychological Trauma: Broadening Perspectives.

Source: American Psychologist 46(11): 1219-1225, 1991. (Journal Article: 7 pages)

Abstract: The authors discuss homelessness as a risk factor for emotional disorder and use the construct of psychological trauma - focusing on social disaffiliation and learned helplessness - to understand the potential effects of homelessness on individuals and families. Research suggests that negative psychological responses to traumatic events can be prevented or mitigated by a supportive and empowering post-trauma environment. The implications of trauma theory for improving the psychological conditions of homeless people are discussed.

Order #: 842

Authors: Gounis, K., Susser, E.

Title: Shelterization and Its Implications for Mental Health Services.

Source: In Cohen, N. (ed.), Psychiatry Takes to the Street: Outreach and Crisis Intervention for the Mentally Ill. New York, NY: Guilford Press, 231-255, 1990. (Book Chapter: 25 pages)

Abstract: In this chapter, the authors examine how the social context of a municipal shelter in the South Bronx in New York City affected the implementation of an on-site mental health program. Ethnographic research over a 2-year period is used to illustrate how the role of the clinical program was shaped by the interaction among the program's philosophy, the social ecology of the shelter, and the concerns of the various agencies responsible for establishing and supporting the program. The authors suggest that there is a tendency for service interventions, aimed at reducing or eliminating shelter dependency, to instead produce dependency on shelters and shelter-based services.

Order #: 8806

Authors: Guo, S., Biegel, D.E., Johnsen, J.A., Dyches, H.

Title: Assessing the Impact of Community-Based Mobile Crisis Services on Preventing Hospitalization.

Source: Psychiatric Services 52(2): 223-228, 2001. (Journal Article: 6 pages)

Abstract: This article evaluates the impact of a community-based mobile crisis intervention program on the rate and timing of hospitalization and explores major consumer characteristics related to the likelihood of hospitalization. A community-based mobile crisis intervention cohort was matched with a hospital-based intervention cohort on seven variables: gender, race, age at the time of crisis service, primary diagnosis, recency of prior use of services, indication of substance abuse, and severe mental disability certification status. The matching process resulted in a treatment group and a comparison group, each consisting of 1,100 subjects. The community-based crisis intervention reduced the hospitalization rate by 8%. A consumer using a hospital-based intervention was 51% more likely than one using community-based mobile crisis services to be hospitalized within the 30 days after the crisis. Treating a greater proportion of clients in the community rather than hospitalizing them did not increase the risk of subsequent hospitalization. Those most likely to be hospitalized were young, homeless, and experiencing acute problems; they were referred by psychiatric hospitals, the legal system, or other treatment facilities; they showed signs of substance abuse, had no income, and were severely mentally disabled. Results indicate that community-based mobile crisis services resulted in a lower rate of hospitalization than hospital-based interventions. Consumer characteristics were also associated with the risk of hospitalization (authors).

Clinical Issues

Order #: 12595

Authors: Harman, C.E.

Title: **The Diagnosis and Stigma of Schizophrenia.**

Source: Brookings, OR: Old Court Press, 2003. (Book: 318 pages)

Abstract: In this book, the author discusses the stigmas and assumptions attached to the word schizophrenia, and examines various forms of hope for those who have experienced serious disturbances of emotion, behavior or thought by relying on natural recovery, help from concerned people, self-help and selective closely monitored use of medication. The author presents an alternative to the diagnostic catalogues used by psychiatrists and others today which are invalid and harmful to people. The author suggests that home computers and present technology can be applied as a non-judgmental and non-defamatory alternative to the DSM diagnostic and statistical manuals with increased reliability, validity and at far less cost (author).

Order #: 10675

Authors: HCH Clinician's Network.

Title: **Healing Hands - Mental Illness, Chronic Homelessness: An American Disgrace.**

Source: HCH Clinician's Network 4(5), October 2000. (Newsletter: 6 pages)

Abstract: This issue of Healing Hands focuses on the problem of mental illness in the homeless population. It first describes some of the clinical challenges involved in addressing this issue. It also describes the process of building long-term relationships through outreach. Finally, it discusses how to document disabilities and how to use some therapeutic alternatives.

Available From: National Health Care for the Homeless Council - HCH Clinician's Network, P.O. Box 60427, Nashville, TN 37206-0427, www.nhchc.org.

Order #: 12653

Authors: Hodges, J., Markward, M., Keele, C., Evans, C.

Title: **Use of Self-Help Services and Consumer Satisfaction with Professional Mental Health Services.**

Source: Psychiatric Services 54(8): 1161-1163, 2003. (Journal Article: 3 pages)

Abstract: This article discusses a study done to test the hypothesis that users of mental health self-help services would be more satisfied with professional mental health services than clients who did not use self-help services. According to the article, findings provide support for the idea that the use of self-help services encourage appropriate use of professional services. The authors assert that the study provided evidence that self-help and traditional mental health services can function complementarily with each other (authors).

Order #: 8849

Authors: Hoge, M.A., Jacobs, S.C., Belitsky, R.

Title: **Psychiatric Residency Training, Managed Care, and Contemporary Clinical Practice.**

Source: Psychiatric Services 51(8): 1001-1005, 2000. (Journal Article: 5 pages)

Abstract: The authors state that managed care has transformed the health care environment that residents encounter on completion of their training. Unfortunately, residency education has not kept pace with changes in the field, leaving graduates inadequately prepared. The authors identify necessary changes in the residency training tasks of instilling values, imparting required knowledge, building core skills, selecting appropriate training sites, and offering a diversity of instructors and supervisors. They also discuss the obstacles that have impeded the evolution of academic clinical services and clinical training. The authors suggest strategies of change that may lead to more relevant educational programs that provide residents with a balanced perspective on the strengths and weaknesses of both traditional and contemporary approaches to delivering care.

Clinical Issues

Order #: 7008

Authors: Hopson, R.D., Watkins, T.R.

Title: **Current Perspectives on the Homeless Mentally Ill.**

Source: In Watkins, T.R., Callicutt, J.W. (eds.), *Mental Health Policy and Practice Today*. Thousand Oaks, CA: Sage Publications, Inc., 182-194, 1997. (Book Chapter: 9 pages)

Abstract: This chapter provides a description of homelessness as it exists in the United States, and specifically in one local community in Dallas, TX, and describes the needs of the homeless and their particular characteristics such as mental illness that require special attention. The authors then present a description of a unique treatment approach in the Dallas area where a Community Outreach Coalition was developed. The treatment team members presented themselves as simply being available in the shelters to provide services. The goal of the approach was for the care providers to become part of the community of the shelter and become accepted by the client population as part of their environment. The concept of forming relationships with homeless persons as part of their treatment is discussed, and the authors conclude that through the development of services for this population, approaches that will enable us to serve this population more effectively are being discovered.

Order #: 2192

Authors: Hughes, D.H.

Title: **Trends and Treatment Models in Emergency Psychiatry.**

Source: *Hospital and Community Psychiatry* 44(10): 927-928, 1993. (Journal Article: 2 pages)

Abstract: This article reviews national trends that are changing the practice of emergency psychiatry, including the rapid growth in the number of psychiatric emergency services, the relationship between privatization of psychiatric care and increased emergency visits, and the growing specialized populations visiting psychiatric emergency services. To meet the challenges posed by the increasing numbers of homeless mentally ill persons, children, and dual-diagnosis patients who seek emergency services, the psychiatric emergency field is developing innovative program models such as outreach teams, psychiatric diversion beds, and crisis follow-up care (author).

Order #: 1285

Authors: Interagency Council on the Homeless.

Title: **Reaching Out: A Guide for Service Providers.**

Source: Washington, DC: Interagency Council on the Homeless, 1991. (Report: 40 pages)

Abstract: This is a practical, hands-on guide designed to help service providers: (1) understand the characteristics and service needs of homeless persons who live in a wide range of public settings; (2) plan and administer a local outreach effort; and (3) explore innovative strategies to provide outreach and other needed services.

Available From: National Resource Center on Homelessness and Mental Illness, Policy Research Associates, Inc., 345 Delaware Avenue, Delmar, NY 12054, (800) 444-7415, www.nrchmi.samhsa.gov.

Order #: 16

Authors: Jones, B.E. (ed.).

Title: **Treating the Homeless: Urban Psychiatry's Challenge.**

Source: Washington, DC: American Psychiatric Press, 1986. (Book: 126 pages)

Abstract: This monograph describes the characteristics and service needs of the homeless population with serious mental illnesses as well as the implementation of a mental health program in the Los Angeles Skid Row area. The final chapter examines the organizational barriers that frequently complicate service delivery to homeless individuals with serious mental illnesses.

Clinical Issues

Order #: 1494

Authors: Kass, F.I., Kahn, D.A., Felix, A.

Title: **Day Treatment in a Shelter: A Setting for Assessment and Treatment.**

Source: In Lamb, H.R., Bachrach, L.L., Kass, F.I. (eds.), *Treating the Homeless Mentally Ill*. Washington, DC: American Psychiatric Association, 1992. (Book Chapter: 15 pages)

Abstract: Preliminary evidence suggests that on-site mental health services in residences or shelters have positive impacts. Researchers found that homeless mentally ill men placed in a residence with integrated treatment services similar to those found in a day program fared better on a variety of outcome measures than control subjects placed in residences without such services. Other researchers concluded that after completing the program, men were able to live more successfully in community housing, utilized mental health aftercare, and engaged in less criminal behavior. The purpose of this chapter is to describe how the program, actually located in a shelter, facilitates the engagement, assessment, treatment, and placement in appropriate residential settings of homeless mentally ill persons. The authors discuss in some detail the crucial task of comprehensive psychiatric assessment, which must precede individualized and rational planning (authors).

Order #: 1748

Authors: Katz, S.E., Nardacci, D., Sabatini, A.

Title: **Intensive Treatment of the Homeless Mentally Ill.**

Source: Washington, DC: American Psychiatric Press, 1992. (Book: 223 pages)

Abstract: In this book the authors describe the clinical strategies and research findings of an innovative program designed to serve the most disaffiliated segment of the homeless mentally ill population. They contend that the Homeless Initiative, a program based in New York City's Bellevue Hospital, which provides assertive outreach to homeless mentally ill persons and may involuntarily hospitalize these persons under specific circumstances, is both effective and humane. It should be emphasized that this highly specialized program is the only one of its kind and it is not intended to serve all seriously mentally ill individuals. However, the findings have established relevant principles that are generalizable to the universe of homeless mentally ill people (authors).

Available From: American Psychiatric Press, Inc., 1000 Wilson Boulevard, Suite 1825, Arlington, VA 22209, www.appi.org.

Order #: 630

Authors: Kline, J., Harris, M., Bebout, R., Drake, R.E.

Title: **Contrasting Integrated and Linkage Models of Treatment for Homeless, Dually Diagnosed Adults.**

Source: In Minkoff, K., Drake, R.E. (eds.), *Dual Diagnosis of Major Mental Illness and Substance Disorders*. New Directions For Mental Health Services 50: 95-107. San Francisco, CA: Jossey-Bass, 1991. (Book Chapter: 13 pages)

Abstract: The authors describe two prominent models of treatment for homelessness and dual diagnosis that are commonly used by clinicians and program planners. The linkage treatment model provides a full range of clinical case management services to treat psychiatric disorders while pursuing a program of aggressive outreach and referral to community substance abuse resources. The model emphasizes the significance of social networks in the maintenance of addictive behavior and employs aggressive interventions to change the nature of client social networks. The integrated treatment model provides the full range of clinical case management services while also offering comprehensive substance abuse treatment in-house. This approach emphasizes intensive group work coordinated with individual counseling (authors).

Available From: Jossey-Bass Inc., 10475 Crosspoint Blvd., Indianapolis, IN 46256, (877) 762-2974, www.josseybass.com.

Clinical Issues

Order #: 11637

Authors: Kushel, M.B., Perry, S., Bangsberg, D., Clark, R., Moss, A.

Title: **Emergency Department Use Among the Homeless and Marginally Housed: Results from a Community-Based Study.**

Source: American Journal of Public Health 92(5): 778-784, 2002. (Journal Article: 7 pages)

Abstract: This study examined factors associated with emergency department use among people who are homeless or marginally housed. Interviews were conducted with 2578 people who were homeless and or marginally housed, and factors associated with different patterns of emergency department use were assessed in multivariate models. Findings showed that factors associated with high use rates included less stable housing, victimization, arrests, physical and mental illness, and substance abuse. Predisposing and need factors appeared to drive emergency department use. Efforts to reduce emergency department use among people who are homeless should be targeted toward addressing underlying risk factors among those exhibiting high rates of use (authors).

Order #: 1444

Authors: Lamb, H.R., Bachrach, L.L., Kass, F.I.

Title: **Treating the Homeless Mentally Ill: A Report of the Task Force on the Homeless Mentally Ill.**

Source: Washington, DC: American Psychiatric Association, 1992. (Book: 315 pages)

Abstract: This book represents a follow-up report to the recommendations in the 1984 American Psychiatric Association Task Force Report, The Homeless Mentally Ill. This book is divided into two sections. In the first section, The Context of Treatment, the authors set the stage for understanding the problems of the homeless mentally ill. This section includes an analytic review of the literature, a discussion of deinstitutionalization, a cross-cultural family perspective, a discussion of why clinicians distance themselves from the homeless mentally ill, and a discussion on training mental health professionals to treat the chronically mentally ill. In the second section, Treatment and Rehabilitation, the authors begin with a discussion of clinical work with the homeless mentally ill and go on to address the crucial issues of mobile outreach teams, therapeutic housing, the need-for-treatment standard in involuntary commitment, clinical case management, the need and treatment of dually-diagnosed patients, medical management, day treatment in a shelter, and rehabilitation (authors).

Available From: American Psychiatric Publishing, Inc., 1000 Wilson Blvd., Suite 1825, Arlington, VA 22209, (800) 368-5777, www.appi.org. (COST: \$11.95)

Order #: 11681

Authors: Leo, R.J.

Title: **Social Security Disability and Psychiatric Illness.**

Source: Psychiatric Annals 32(5): 279-280, 2002. (Journal Article: 2 pages)

Abstract: This article summarizes the contents of four articles within the Social Security Disability series of Psychiatric Annals for May 2002. In this issue, general information about the SSA adjudication process is provided, to effectively represent the nature and impact of psychiatric disturbances affecting patients. This information is presented to heighten awareness to the need for advocacy efforts to protect psychiatric patients who might otherwise be unable to advocate for themselves (author).

Clinical Issues

Order #: 11905

Authors: Linhorst, D.M., Hamilton, G., Young, E., Eckert, A.

Title: **Opportunities and Barriers to Empowering People with Severe Mental Illness Through Participation in Treatment Planning.**

Source: Social Work 47(4): 425-434, 2002. (Journal Article: 10 pages)

Abstract: This qualitative study reviewed documents and conducted focus groups with clients and staff of a public psychiatric hospital to identify barriers to empowerment and the conditions that must be present for client empowerment to occur through treatment planning. The conditions for empowerment were based on both psychological and organizational factors. The author suggests that for empowerment to occur, clients need psychiatric stability and decision-making skills (authors).

Order #: 2885

Authors: Lucksted, A., Coursey, R.D.

Title: **Consumer Perceptions of Pressure and Force in Psychiatric Treatments.**

Source: Psychiatric Services 46(2): 146-152, 1995. (Journal Article: 7 pages)

Abstract: Mental health consumers were surveyed to obtain information about their experiences with and attitudes toward forced psychiatric treatment. A 61-item survey questionnaire was administered by consumer volunteers to 105 persons with serious mental illness who were attending seven rehabilitation centers in Maryland. Findings indicate that 57% of the respondents reported having been pressured or forced into hospitalization. In the year before the survey, 30% reported being pressured or forced into taking medication and 26% into attending a therapy or rehabilitation program. The most common type of pressure or force was verbal persuasion. Generally, respondents reported negative effects from forced treatment, although the intensity of the negative effects varied by treatment area, and about half retrospectively felt that the forced treatment was in their best interest (authors).

Order #: 9184

Authors: Ludny, J.W.

Title: **The Burden of Comorbidity Among the Homeless at a Drop-in Clinic.**

Source: Journal of the American Academy of Physicians Assistants 12(4): 32-34, 1999. (Journal Article: 3 pages)

Abstract: This study was a retrospective chart review based on 174 patients seen during their initial visit. Information was obtained from data reported by each patient during the history and physical exam. Patients most likely to use the clinic were predominantly male, between the ages of 20 and 39, African-American, and living in an emergency shelter. Sixty-eight (39%) patients had some insurance coverage. Comorbidity was significant with 34 (20%) patients reporting all three types of pathology: physical, mental health, and substance abuse. Homeless patients reporting substance abuse were likely to report the coexistence of a medical condition (54%) or a mental health problem (27%). Patients who reported problems of depression, anxiety, or suicidal ideation or who heard voices had a significant concomitant occurrence of all three types of clinical pathology. Patients living in an emergency shelter or on the street (as opposed to living with family or friends) were at high risk of medical problems, mental health problems, and substance abuse. The prevalence of a medical problem, mental health problem, and substance abuse among the homeless is significant. Homeless patients may be at high risk of two or more comorbid conditions if they live in an emergency shelter or on the street, have a substance abuse problem, or have a mental health problem. Targeted clinical services and preventive medicine programs would be beneficial to these patients.

Clinical Issues

Order #: 11703

Authors: MacDonald-Wilson, K., Nemec, P.B., Anthony, W.A., Cohen, M.R.

Title: **Assessment in Psychiatric Rehabilitation.**

Source: Bolton, B. (ed), Handbook of Measurement and Evaluation in Rehabilitation 3rd edition. Gaithersburg, MD: Aspen Publications, 2001. (Book Chapter: 26 pages)

Abstract: This article examines psychiatric rehabilitation assessment as the first step in the psychiatric rehabilitation process. The authors look at the variations among psychiatric rehabilitation, and explore different approaches to setting up residential, vocational, educational and/or social goals consumers want to achieve, as well as developing the skills and supports they need to reach these goals. The article describes different structures to various psychiatric rehabilitation programs around the country (authors).

Order #: 1136

Authors: Martin, M.A.

Title: **Homelessness Among Chronically Mentally Ill Women.**

Source: In Bachrach, L.L., and Nadelson, C.C. (eds.), Treating Chronically Mentally Ill Women. Washington, DC: American Psychiatric Press, 1988. (Book Chapter: 14 pages)

Abstract: The author describes the problems that service providers encounter in their attempts to serve homeless mentally ill women. Several case histories are presented, and survival strategies used by homeless mentally ill women are discussed. The author provides a comprehensive description of New York City's Midtown Outreach Program, focusing on the project's treatment approach to working with this special population.

Available From: American Psychiatric Press, 1000 Wilson Boulevard, Suite 1825, Arlington, VA 22209, <http://www.appi.org>.

Order #: 11321

Authors: Matrix Research Institute.

Title: **Training Psychiatric Residents to Recognize the Importance of Work for Persons with a Serious Mental Illness.**

Source: Philadelphia, PA: Matrix Research Institute, 1999. (Curriculum: 400 pages)

Abstract: This publication is a module training curriculum developed for use in psychiatric residency programs. Topics include the utilization of psychiatric rehabilitation and vocation rehabilitation principles and services in treating persons with serious mental illness, the importance of work, and the various supports available that assist persons with mental illness to choose, get and keep a job.

Available From: Matrix Research Institute, 100 N. 17th Street, Robert Morris Building, 10th Floor, Philadelphia, PA 19103, 215-569-2240, www.matrixresearch.org (COST: \$25.00).

Order #: 12153

Authors: McGrew, J.H., Pescosolido, B., Wright, W.

Title: **Case Managers' Perspectives on Critical Ingredients of Assertive Community Treatment and on Its Implementation.**

Source: Psychiatric Services 54(3): 370-376, 2003. (Journal Article: 7 pages)

Abstract: The authors of this article sought to identify case managers' perspectives on the critical ingredients of assertive community treatment (ACT). They did this by asking seventy-three ACT teams, that attended the 1997 ACT Conference, to rate the degree to which 16 clinical activities were beneficial to clients and rated the importance of 27 possible critical ingredients of the ideal team as well as the extent to which each ingredient characterized their team. The findings from this study show that case managers strongly endorsed the team approach as well as medical aspects of assertive community treatment. Despite broad consensus on the critical ingredients of the ideal assertive community treatment team, several important ingredients appear to be consistently underimplemented (authors).

Clinical Issues

Order #: 7904

Authors: McMurray-Avila, M.M., Gelberg, L., Breakey, W.R.

Title: **Balancing Act: Clinical Practices that Respond to the Needs of Homeless People.**

Source: In Fosburg, L.B., Dennis, D.L. (eds.), Practical Lessons: The 1998 National Symposium on Homelessness Research. Delmar, NY: National Resource Center on Homelessness and Mental Illness, 1999. (Book Chapter: 45 pages)

Abstract: This paper describes special adaptations to clinical practice necessary for addressing the most common health problems of homeless individuals and families. A case is made for the integration of primary care, mental health, and substance abuse services as the preferred approach to care for this population, based on the complexity of multiple interrelated health problems that are seen. Homeless people face numerous barriers to access which can be overcome by adaptations to the structure of the delivery system, including extensive outreach, mobile sites and flexibility in policies and procedures. The nature of the homeless condition also calls for special adaptations in the areas of intake and assessment, clinical preventive strategies, diagnosis, follow-up to assure continuity of care, referrals to specialty care, and linkages to other services. Specific adaptations for treatment of physical and mental illnesses are presented. The paper concludes with comments on what still needs to be learned regarding costs and outcomes of care, as well as threats that challenge successful continuation of this work.

Available From: National Resource Center on Homelessness and Mental Illness, Policy Research Associates, Inc., 345 Delaware Avenue, Delmar, NY 12054, (800) 444-7415, www.nrchmi.samhsa.gov.

Order #: 12389

Authors: McQuiston, H., Finnerty, M., Hirschowitz, J., Susser, E.

Title: **Challenges for Psychiatry in Serving Homeless People with Psychiatric Disorders.**

Source: Psychiatric Services 54(5): 669-676, 2003. (Journal Article: 7 pages)

Abstract: In this article, the authors examine current challenges confronting psychiatry in caring for homeless people with psychiatric disorders. After reviewing how psychiatry has historically addressed homelessness and mental illness, the authors discuss the roles that the profession has developed in working with homeless populations. These roles, which encompass clinical, administrative, academic, and advocacy functions, have evolved as a result of trends both in homelessness services and within the profession of psychiatry. Challenges implicit in this evolution are discussed, including recent trends in homelessness, particularly an increase in prevalence, especially among families and children and some clinical subpopulations. The authors propose that these epidemiological trends are affecting the mental health care need of people who are homeless. According to the authors, to be effective and credible in continuing to help solve the problems of people who are homeless with psychiatric disorders, psychiatry must adapt to these new challenges, using the roles it has developed (authors).

Order #: 12025

Authors: Mellman, T.A., Miller, A.L., Weissman, E.M., Crismon, M.L., Essock, S.M., Marder, S.R.

Title: **Evidence-Based Pharmacologic Treatment for People with Severe Mental Illness: A Focus on Guidelines and Algorithms.**

Source: Psychiatric Services 52: 619-625, 2001. (Journal Article: 7 pages)

Abstract: The authors of this article review current evidence-based guidelines for medication treatment of persons with severe mental illness. Four categories of guidelines are described: recommendations, comprehensive treatment options, medication algorithms, and expert consensus. The authors note that more research is needed on optimal next-step strategies and the treatment of patients with comorbidity and other complicating problems. They discuss barriers to the implementation of guidelines, and they observe that the potential of guidelines and algorithms to promote evidence-based medication treatment for persons with severe mental illness depends on refinement of tools, progress in research, and cooperation of physicians, nonphysician clinicians, administrators, and consumers and family members (authors).

Clinical Issues

-
- Authors:** Mental Illness Education Project, Inc.
- Title:** **Dual Diagnosis: An Integrated Model for the Treatment of People with Co-occurring Psychiatric and Substance Disorders.**
- Source:** Brookline Village, MA: The Mental Illness Education Project, Inc., 2000. (Videotape: 2 hours)
- Abstract:** This video is a lecture by Dr. Kenneth Minkoff, a dynamic speaker and a nationally recognized expert in dual diagnosis. He talks with insight, empathy, passion, and humor about the choices and challenges facing people with co-occurring psychiatric and substance disorders and offers practical steps for clients and the professionals who work with them. He describes a set of key principles for an integrated model of care that promotes both hope and recovery. At least half the people with major mental illness also have a co-occurring substance use problem. In spite of this, the two disorders have traditionally been treated in separate systems of care, often alternately and in isolation, with little success. Dr. Minkoff outlines how each system can learn from the other and how care can be linked despite differences in treatment philosophy (authors).
- Available From:** The Mental Illness Education Project, Inc., P.O Box 470813, Brookline Village, MA 02447, (617) 562-1111, www.miepvideos.org.
-
- Order #: 9146**
- Authors:** Menzin, J., Boulanger, L., Friedman, M., Mackell, J., Lloyd, J.
- Title:** **Treatment Adherence Associated with Conventional and Atypical Antipsychotics in a Large State Medicaid Program.**
- Source:** Psychiatric Services 54(5): 719-723, 2003. (Journal Article: 5 pages)
- Abstract:** In this article, the authors assessed the rates of medication adherence in outpatients with schizophrenia, over a one-year period, who initiated therapy with conventional or atypical antipsychotic agents. The article is based on data drawn from paid medical and pharmacy claims for a random sample of 10 percent of all California Medicaid recipients. Outpatients with schizophrenia who were aged 18 and older and who initiated monotherapy with a conventional or atypical antipsychotic medication in the last quarter of 1997 were identified. The percentages of patients who discontinued antipsychotic therapy or who had a switch in medications over a one year period were determined. The use of selected concomitant medications was also assessed. The authors conclude that compared with the use of conventional antipsychotics, the use of atypical antipsychotic medications are associated with significantly less treatment switching and less use of concomitant medications (authors).
-
- Order #: 12392**
- Authors:** Minkoff, K.
- Title:** **Behavioral Health Recovery Management Service Planning Guidelines: Co-Occurring Psychiatric and Substance Disorders.**
- Source:** Peoria, IL: Behavioral Health Recovery Management Project, 2001. (Guide: 35 pages)
- Abstract:** This paper presents a set of service planning guidelines based on currently existing best practices models. These best practices need much more study, but they are sufficiently well developed at present that it is possible to use them to formulate coherent practice guidelines for assessment, treatment, and psychopharmacology of individuals with co-occurring disorders. These practice guidelines are outlined in this document. Before delineating the practice guidelines themselves, however, it is important to describe the data-based and consensus-based foundation in the literature that supports them (author).
- Available From:** Behavioral Health Recovery Management, University of Chicago, Center for Psychiatric Rehabilitation, 7230 Arbor Drive, Tinley Park, IL 60477, (708) 614-4770, <http://bhrm.org/guidelines/minkoff.pdf>.
-
- Order #: 11135**

Clinical Issues

Order #: 1492

Authors: Minkoff, K., Drake, R.E.

Title: Homelessness and Dual Diagnosis.

Source: In Lamb, H.R., Bachrach, L.L., Kass, F.I. (eds.), Treating the Homeless Mentally Ill. Washington, DC: American Psychiatric Association, 1992. (Book Chapter: 27 pages)

Abstract: The heterogeneity of the population with homelessness and dual diagnosis (HDD) is complex. Though many homeless people have multiple impairments, individuals with HDD constitute a subgroup defined by three major problems - homelessness, severe psychiatric disorder, and substance use disorder. The authors argue that for this particular subgroup, homelessness operates metaphorically as a third diagnosis; all of the difficulties that attend dual diagnosis are amplified by a third set of complicating factors related to homelessness. In the seven years since the publication of the first American Psychiatric Association task force report on the homeless mentally ill, knowledge of dual diagnosis among homeless people has grown considerably. In this chapter, the authors review current thinking regarding HDD in several domains: epidemiology, barriers to care, philosophical issues related to treatment, emerging clinical models, phases of treatment, and research issues (authors).

Order #: 11682

Authors: Mischoulon, D.

Title: Potential Pitfalls to the Therapeutic Relationship Arising from Disability Claims.

Source: Psychiatric Annals 32(5): 299-302, 2002. (Journal Article: 4 pages)

Abstract: This article describes the impact of a disability claim on the psychiatrist-patient relationship. The pursuit of psychiatric disability can be a source of conflict within the therapeutic relationship. The process of having to advocate for one's patient on an essentially forensic matter can jeopardize the therapeutic alliance. The ethical and interpersonal treatment issues are discussed, and potential strategies to address these issues within the context of therapy also are described (authors).

Order #: 1822

Authors: Morse, G.A., Calsyn, R.J., Allen, G., Tempelhoff, B., Smith, R.

Title: Experimental Comparison of the Effects of Three Treatment Programs for Homeless Mentally Ill People.

Source: Hospital and Community Psychiatry 43(10): 1005-1010, 1992. (Journal Article: 6 pages)

Abstract: The authors used a longitudinal experimental design to compare the effectiveness of three community-based treatment programs serving homeless people with mental illnesses in St. Louis including: traditional outpatient treatment offered by a mental health clinic, a daytime drop-in center, and a continuous treatment team program that included assertive outreach, a high staff-to-client ratio, and intensive case management. At 12-month follow-up, clients in all three treatment programs spent fewer days per month homeless, showed fewer psychiatric symptoms, and had increased income, interpersonal adjustment, and self-esteem. Clients in the continuous treatment program had more contact with their treatment program, were more satisfied with their program, spent fewer days homeless, and used more community services and resources than clients in the other two programs (authors).

Clinical Issues

Order #: 5950

Authors: Morse, G.A., Calsyn, R.J., Miller, J., Rosenberg, P., West, L., Gilliland, J.

Title: **Outreach to Homeless Mentally Ill People: Conceptual and Clinical Considerations.**

Source: Community Mental Health Journal 32(3): 261-274, 1996. (Journal Article: 14 pages)

Abstract: This article describes a model of outreach predicated on developing a trusting, meaningful relationship between the outreach worker and the homeless person with mental illness. The authors describe five common tasks inherent in this model of outreach (establishing contact and credibility, identifying people with mental illness, engaging clients, conducting assessments and treatment planning, and providing ongoing service). Other issues discussed include: (1) responding to dependency needs and promoting autonomy; (2) setting limits while maintaining flexibility; and (3) dealing with resistance to mental health treatment and follow-up service options (authors).

Order #: 12608

Authors: Mueser, K., Noordsy, D., Drake, R., Fox, L.

Title: **Integrated Treatment for Dual Disorders: A Guide to Effective Practice.**

Source: New York, NY: The Guilford Press, 2003. (Book: 470 pages)

Abstract: This comprehensive clinical handbook provides virtually everything needed to plan, deliver, and evaluate effective treatment for persons with substance abuse problems and persistent mental illness. From authors at the forefront of the dual disorders field, the book is grounded in decades of influential research. Presented are clear guidelines for developing integrated treatment programs, performing state-of-the-art assessments, and implementing a wide range of individual, group, and family interventions. Also addressed are residential and other housing services, involuntary interventions, vocational rehabilitation, and psychopharmacology for dual disorders. Throughout, the emphasis is on workable ways to combine psychiatric and substance abuse services into a cohesive, unitary system of care. Designed in a convenient large-size format with lay-flat binding for ease of photocopying, the volume contains all needed assessment forms, treatment planning materials, and client handouts, most with permission to reproduce (authors).

Available From: The Guilford Press, 72 Spring Street, New York, NY 10012, (212) 431-9800, www.guilford.com

Order #: 6750

Authors: Nageotte, C., Sullivan, G., Duan, N., Camp, P.L.

Title: **Medication Compliance Among the Seriously Mentally Ill in a Public Mental Health System.**

Source: Social Psychiatry and Psychiatric Epidemiology 32(2): 49-56, 1997. (Journal Article: 8 pages)

Abstract: The authors explain that medication non-compliance, a pervasive problem among persons with serious mental illness, has been linked to increased inpatient resources use in public mental health systems. The objective of this analysis was to determine which factors are associated with medication compliance in this population so that more appropriate screening and intervention programs can be designed. Using knowledge gained from clinical research on compliance in schizophrenia and research testing the Health Belief Model as a conceptual framework in studying compliance behavior, the authors conducted a secondary analysis of data collected in the Mississippi public mental health system in 1988. The study objects were patients who have schizophrenia (n=202), the majority of whom were low-income African-American males. Results show receipt of consistent outpatient mental health treatment and belief that one had a mental illness were significantly associated with higher levels of medication compliance in this population. Results suggest that screening programs to identify those at highest risk for non-compliance might be more productive if they included a review of inpatient and outpatient mental health service utilization patterns, in addition to formal assessment of patients' attitudes and beliefs about their illness (authors).

Clinical Issues

-
- Authors:** Oakley, D.A., Dennis, D.L. **Order #: 6387**
- Title:** Responding to the Needs of Homeless People with Alcohol, Drug, and/or Mental Disorders.
- Source:** In Baumohl, J. (ed.), Homelessness In America. Phoenix, AZ: Oryx Press, 179-186, 1996. (Book Chapter: 8 pages)
- Abstract:** The authors explain why homeless people with alcohol, drug, and/or mental disorders are often excluded from programs that assist homeless people. Service and policy implications are examined including: the importance of outreach and engagement; using case management to negotiate systems of care; offering a range of supportive housing options; responding to consumer preferences; providing mental health and substance abuse treatment; the need for harm reduction approaches to substance abuse; the importance of meaningful daily activity; providing culturally competent care; and putting the need for involuntary treatment in perspective. The authors contend that reaching homeless people with serious mental illnesses, substance use disorders, or co-occurring disorders depends on integrating existing services and entitlements more effectively.
- Available From:** The Oryx Press at Greenwood Publishing Group, 88 Post Road West, Box 5007, Westport, CT 06881, (203) 226-3571, <http://info.greenwood.com>.
-
- Authors:** Odell, S.M., Commander, M.J. **Order #: 8773**
- Title:** Risk Factors for Homelessness Among People with Psychiatric Disorders.
- Source:** Social Psychiatry and Psychiatric Epidemiology 35(9): 396-401, 2000. (Journal Article: 6 pages)
- Abstract:** This article identifies risk factors for homelessness among people with psychiatric disorders. A matched case-control study of homeless and never homeless people with psychotic disorders was carried out, with respondents recruited from mental health services. Data were collected by semi-structured interviews and from medical records. A number of social and behavioral risk factors were identified; key factors being loss of contact with childhood caregivers and substance use. Clinical and service use factors appeared less important as predictors of homelessness. The authors concluded that mental health services have a limited role in circumventing homelessness among people with psychotic disorders. An integrated approach involving other key agencies is required (authors).
-
- Authors:** O'Hare, T. **Order #: 12360**
- Title:** Evidence-Based Social Work Practice with Mentally Ill Persons Who Abuse Alcohol and other Drugs.
- Source:** Social Work in Mental Health 1(1): 43-62, 2002. (Journal Article: 20 pages)
- Abstract:** This article outlines a comprehensive approach to evidence-based social work practice, and applies it to persons with severe and persistent mental illness who also abuse alcohol and other drugs. Representative empirical literature is summarized within a framework that delineates the three major functions of evidence-based social work practice: assessment, intervention and evaluation. The implications of this integrated evidence-based strategy for social work practice are discussed (author).

Clinical Issues

Order #: 8483

Authors: Orwin, R.G., Mogren, R.G., Jacobs, M.L., Sonnefeld, L.J.

Title: **Retention of Homeless Clients in Substance Abuse Treatment: Findings from the National Institute on Alcohol Abuse and Alcoholism Cooperative Agreement Program.**

Source: Journal of Substance Abuse Treatment 17(1-2): 45-66, 1999. (Journal Article: 22 pages)

Abstract: A National Institute on Alcohol Abuse and Alcoholism Cooperative Agreement Program offered the first opportunity to systematically study program retention in a multisite study of interventions for homeless persons with alcohol and other drug problems. This article presents results from analyses conducted across 15 interventions and implemented at eight Cooperative Agreement sites. Key findings were: 1) retention problems with homeless clients are as or more pervasive than in the general addicted population; 2) the provision of housing increases retention, but the increases tend to be nullified when the housing is bundled with high-intensity services; 3) homeless clients leave treatment programs for a multitude of reasons; and 4) midcourse corrections to increase retention are frequently successful. The discussion focuses on service components related to retention, the importance of attention to phase transitions, and the importance of being programmatically responsive when serving this population (authors).

Order #: 12024

Authors: Phillips, S.D., Burns, B.J., Edgar, E.R., Mueser, K.T., Linkins, K.W., Rosenheck, R.A., Drake, R.E., McDonel Herr, E.C.

Title: **Moving Assertive Community Treatment Into Standard Practice.**

Source: Psychiatric Services 52: 771-779, 2002. (Journal Article: 9 pages)

Abstract: This article describes the assertive community treatment model of comprehensive community-based psychiatric care for persons with severe mental illness and discusses issues pertaining to implementation of the model. The assertive community treatment model has been the subject of more than 25 randomized controlled trials. Research has shown that this type of program is effective in reducing hospitalization, is more expensive than traditional care, and is more satisfactory to consumers and their families than standard care. Despite evidence of the efficacy of assertive community treatment, it is not uniformly available to the individuals who might benefit from it (authors).

Order #: 9914

Authors: Pomerantz, J.M.

Title: **The Art of Persuading Patients to Take Medication.**

Source: Behavioral Health Trends 12(5): 2 & 5, 2000. (Journal Article: 2 pages)

Abstract: This brief article outlines a psychiatrist's experiences with patients who come for help and subsequently refuse prescriptions. The doctor provides descriptions of the most common types of medication resistant patients, and the approaches that have worked for each. Types of patients discussed include the medical professional, patients with a history of addiction or dependency, psychotic patients, individuals with chronic pain, and naturalists. He cautions that while no approach works all the time for every patient, there is a need for both a full explanation of the patient's fears and enough time to reality test both the legitimate concerns and the possible distortions for each individual.

Clinical Issues

Order #: 3442

Authors: Postrado, L.T., Lehman, A.F.

Title: **Quality of Life and Clinical Predictors of Rehospitalization of Persons With Severe Mental Illness.**

Source: Psychiatric Services 46(11): 1161-1165, 1995. (Journal Article: 5 pages)

Abstract: This article examines whether rehospitalization of patients with serious mental illnesses can be predicted by patients' quality of life. Two clinical factors associated with rehospitalization -- history of hospitalization and severity of symptoms -- were examined. Findings indicated that compared with patients who were not rehospitalized, those who were rehospitalized had more severe symptoms and were more likely to have a history of hospitalization. Rehospitalized patients also reported more dissatisfaction with family relations and were more likely to report an arrest in the past two months. The two groups did not differ in other quality-of-life factors. Based on these findings, the authors contend that interventions should promote positive relationships between patients with serious mental illness and their families to reduce the risk of relapse and rehospitalization (authors).

Order #: 12160

Authors: Rain, S.D., Steadman, H.J., Robbins, P.C.

Title: **Perceived Coercion and Treatment Adherence in an Outpatient Commitment Program.**

Source: Psychiatric Services 54(3): 399-401, 2003. (Journal Article: 3 pages)

Abstract: The authors investigated whether mental health inpatients' perceptions of coercion were associated with postdischarge treatment adherence. Patients eligible for New York's outpatient commitment program were interviewed and their perceptions of coercion measured during hospitalization and at one, five, and 11 months after discharge. Medication and clinical treatment adherence were measured at the three postdischarge interviews. Among the 117 participants who completed at least one follow-up interview, higher perceived coercion scores were correlated with greater self-reported adherence to clinical treatment at the one-month follow-up, but not with participants' greater self-reported adherence at subsequent follow-ups or with providers' ratings of the participants' adherence. Perceived coercion scores were positively correlated with participants' self-reported adherence to injected medications (authors).

Order #: 11895

Authors: Rain, S.D., Williams, V.F., Robbins, P.C., Monahan, J., Steadman, H.J., Vesselinov, R.

Title: **Perceived Coercion at Hospital Admission and Adherence to Mental Health Treatment After Discharge.**

Source: Psychiatric Services 54(1): 103-105, 2003. (Journal Article: 3 pages)

Abstract: The authors investigated whether mental health inpatients' perceptions of coercion were associated with later treatment adherence. Psychiatric inpatients receiving acute care at three sites were interviewed during their hospitalization and up to five times after discharge. Patients' perceptions of coercion were measured at admission. Adherence to medication and clinical treatment was measured every ten weeks for one year after discharge. Among the 825 patients who had perceived coercion score and ten-week follow-up data and who reported that outpatient treatment was prescribed, perceived coercion scores were not associated with treatment adherence. The authors concluded that perceived coercion neither increases nor decreases psychiatric inpatients' medication adherence or use of treatment services after discharge. (authors)

Clinical Issues

Order #: 12538

Authors: Ries, R.K., Russo, J., Wingerson, D., Snowden, M., Comtois, K.A., Srebnik, D., Roy-Byrne, P.

Title: **Shorter Hospital Stays and More Rapid Improvement Among Patients With Schizophrenia and Substance Disorders.**

Source: Psychiatric Services 51(2): 210-215, 2000. (Journal Article: 5 pages)

Abstract: Length of stay and treatment response of inpatients with acute schizophrenia were examined to determine whether differences existed between those with and without comorbid substance-related problems. The sample comprised 608 patients with a diagnosis of schizophrenia or schizoaffective disorder treated on hospital units with integrated dual diagnosis treatment. They were rated on admission and discharge by a psychiatrist using a structured clinical instrument. Patients with no substance-related problems were compared with those with moderate to severe problems using t tests, chi square tests, and analysis of variance. When analyses controlled for age, gender, and other clinical variables, dually diagnosed patients were found to have improved markedly faster compared with patients without a dual diagnosis. Their hospital stays were 30 percent shorter on both voluntary and involuntary units. They also showed somewhat greater symptomatic improvement and no increase in 18-month readmission rates. On admission the dual diagnosis group was more likely to be younger, male, and homeless and more likely to be a danger to self and others. Severity of psychosis was the same at admission for the two groups, but the dually diagnosed patients were rated as less psychotic at discharge. Dually diagnosed patients with schizophrenia appear to stabilize faster during acute hospitalization than those without a dual diagnosis. The authors hypothesize that substance abuse may temporarily amplify symptoms or that these patients may have a higher prevalence of better-prognosis schizophrenia. The availability of integrated dual-focus inpatient treatment and a well-developed outpatient system may also have helped these patients recover more rapidly (authors).

Order #: 12437

Authors: Robertson, M.J., Zlotnick, C., Westerfelt, A.

Title: **Homeless Adults: A Special Population in Public Alcohol Treatment Programs.**

Source: Contemporary Drug Problems 20(3): 499-519, 1993. (Journal Article: 20 pages)

Abstract: This article examines the differences between homeless and non-homeless clients in treatment. The authors compared the demographic, social, and economic characteristics of homeless clients and of other clients. The authors also examined the clinical profiles of both groups, including the severity of alcohol dependence and alcohol-related health problems, drug dependence, and mental health status. The article states that finding from this study show that people who are homeless are vastly overrepresented in the public alcohol treatment system, economic and social disadvantages of homeless clients were apparent, compared with others in alcohol treatment, and that homeless clients in this sample presented a more complex clinical picture than did others (authors).

Order #: 6452

Authors: Rosenheck, R., Lam, J.A.

Title: **Homeless Mentally Ill Clients' and Providers' Perceptions of Service Needs and Clients' Use of Services.**

Source: Psychiatric Services 48(3): 381-386, 1997. (Journal Article: 6 pages)

Abstract: Client and provider perceptions of clients' needs were compared in 18 community treatment programs participating in the Access to Community Care and Effective Services and Supports (ACCESS) program of the Center for Mental Health Services. ACCESS is a national demonstration project on treatment of homeless persons with mental illness. The study sought to determine whether perceptions differed and whether assessed needs for services were related to service use. Results indicate that mental health service providers are less likely than clients to identify needs for services other than mental health services. The authors contend that service use, at least in the short run, is related to both clients' and providers' assessments of need (authors).

Clinical Issues

Order #: 7184

Authors: Rowe, M., Hoge, M.A., Fisk, D.

Title: Who Cares for Mentally Ill Homeless People? Individual, Social, and Mental Health System Perspectives.

Source: Developments in Ambulatory Mental Health Care 3(4): 257-264, 1996. (Journal Article: 8 pages)

Abstract: This article provides general information on the mentally ill homeless population. It also examines treatment from the perspective of the individual, society, and mental health system. The authors describe recent approaches to this problem, including outreach and the ACCESS demonstration program. The article recommends providing comprehensive services to people who are homeless and who have mental illness and to devote an adequate share of national resources to solving this issue.

Order #: 5602

Authors: Rowe, M., Hoge, M.A., Fisk, D.

Title: Critical Issues in Serving People Who Are Homeless and Mentally Ill.

Source: Administration and Policy in Mental Health 23(6): 555-565, 1996. (Journal Article: 21 pages)

Abstract: Support is increasing for a model of services delivery for homeless people who have mental illness that combines assertive outreach, gradual engagement, respect for the client's service priorities, and a range of clinical, rehabilitative, and social services. While this model is considered by many to be the standard of care for homeless persons with serious mental illness, little has been written about the challenges involved in implementing programs using the model's guiding principles. The authors identify six critical issues for managers, including: (1) confronting (at federal, state and local levels) the political question of whether to serve homeless people who have mental illness; (2) identifying the target population by attempting to define "homelessness" and "mental illness;" (3) putting the guiding principles of non-traditional treatment into operation; (4) facilitating inter-disciplinary and inter-agency collaboration to care for people who are homeless; (5) assessing and responding to racial-ethnic differences among staff and between clients and staff; and (6) addressing the role of formerly homeless and/or mentally ill individuals ("consumers") as staff. In addition, specific strategies for addressing the dilemmas that result from developing innovative outreach services within traditional mental health systems are recommended.

Order #: 12489

Authors: Schofield, N., Quinn, J., Haddock, G., Barrowclough, C.

Title: Schizophrenia and Substance Misuse Problems: A Comparison Between Patients With and Without Significant Carer Contact.

Source: Social Psychiatry Epidemiology 36(11): 523-528, 2001. (Journal Article: 6 pages)

Abstract: This article looks at whether differences exist between patients with a dual diagnosis that have carer contact and those who do not have carer contact in terms of their illness history and type of substance use. According to the authors, many of the carers provide the client with emotional, physical and material support. The article states that results from this study indicated that the 'no carer contact' group was older and had significantly more days in the hospital at last admission. The authors conclude that patients' decrease in contact with carers is due to age rather than severity of substance use, and that patients' reduced contact results in them having longer stays in the hospital possibly because they will not receive additional support when discharged (authors).

Clinical Issues

-
- Authors:** Seeger, C.A. **Order #: 961**
- Title:** Reflections on Working With the Homeless.
- Source:** In Kupers, T.A. (ed.), Using Psychodynamic Principles in Public Mental Health. New Directions for Mental Health Services, 46:47-55. San Francisco: Jossey-Bass, Inc., 1990. (Book Chapter: 9 pages)
- Abstract:** In this chapter, the author briefly outlines the multifocal treatment strategy used by the San Francisco Health Care for the Homeless Project to reintegrate homeless people in the community. She states that the goal is always the establishment of a permanent, stable housing situation and integration into a community that meets the client's needs for support. Her observation is that the most effective strategy uses a combination of social advocacy and psychodynamic principles. She also discusses the importance of recognizing homelessness as a stressor comparable to catastrophic events such as earthquakes and war, and describes interventions based on this perspective.
-
- Authors:** Segal, S.P., Egley, L., Watson, M.A., Miller, L. Goldfinger, S.M. **Order #: 3456**
- Title:** Factors in the Quality of Patient Evaluations in General Hospital Psychiatric Emergency Services.
- Source:** Psychiatric Services 46(1): 1144-1148, 1995. (Journal Article: 5 pages)
- Abstract:** This study examined the usefulness of a model for determining the quality of patient evaluations in psychiatric emergency service settings. The model was used to evaluate the hypothesis that the provision of high-quality care in emergency services is primarily influenced by service objective related to patients' clinical characteristics rather than by institutional constraints, such as workload or physical facilities, or by social biases, such as clinicians' attitudes toward patients. Findings generally confirmed the hypothesis. However, one institutional constraint -- increased workload -- led to reduced quality and to less than optimal use of time. In addition, clinicians' social biases also influenced the quality of their evaluations (authors).
-
- Authors:** Silver, M.A., McKinnon, K. **Order #: 2542**
- Title:** Finding Alternative to the Streets for the Homeless Mentally Ill: Efficacy at a State Hospital Intensive Placement Unit.
- Source:** Journal of Psycholinguistic Research 23(1): 67-73, 1994. (Journal Article: 7 pages)
- Abstract:** This article examines a group of homeless individuals with serious mental illnesses who were receiving extended psychiatric care on the intensive placement unit of Creedmoor Psychiatric Center in Queens, N.Y. The authors identify the characteristics and service needs of this group, as well as evaluating whether services in tandem with psychiatric care improved the likelihood of obtaining a community placement or other domicile. Findings indicate that the homeless individuals who required extended care were often medically ill and abusing substances, however, residential placements were accepted by most patients upon discharge. The authors contend that homeless psychiatric patients benefited from the extended care on the intensive placement unit in part because the program is designed to alleviate anxieties regarding living arrangements and psychiatric treatment systems historically rejected by this population (authors).

Clinical Issues

Order #: 12151

Authors: Snowden, L.

Title: **Bias in Mental Health Assessment and Intervention: Theory and Evidence.**

Source: American Journal of Public Health 93(2): 239-242, 2003. (Journal Article: 4 pages)

Abstract: A recent Surgeon General's report and various studies document racial and ethnic disparities in mental health care, including gaps in access, questionable diagnostic practices, and limited provision of optimum treatment. Bias is a little studied but viable explanation for these disparities. It is important to isolate bias from other barriers to high-quality mental health care and to understand bias at several levels. More research is needed that directly evaluates the contribution of particular forms of bias to disparities in the area of mental health care.

Order #: 2565

Authors: Spaniol, L., Brown, M.A., Blankertz, L., Burnham, D.J., Dincin, J., Furlong-Norman, K., Nesbitt, N., Ottenstein, P., Prieve, K., Rutman, I., Zipple, A. (eds.)

Title: **An Introduction to Psychiatric Rehabilitation.**

Source: Columbia, MD: The International Association of Psychosocial Rehabilitation Services, 1994. (Book: 567 pages)

Abstract: According to the authors, the goal of all psychiatric rehabilitation programs is to restore each individual's ability for independent living, socialization and effective life management. This book provides a comprehensive review of the theory, practical interventions, different program approaches and consumer and family perspectives regarding psychiatric rehabilitation. Various psychiatric rehabilitation program models and delivery systems are reviewed including: club houses; lodge programs; consumer-run services; and assertive community treatment (ACT) programs. The authors contend that psychiatric rehabilitation significantly reduces the number and length of psychiatric hospitalizations, through residential treatment and crisis residential services; increases client satisfaction, their quality of life, level of functioning, and the likelihood of employment (authors).

Available From: IAPSRs, 10025 Governor Warfield Parkway, Suite 301, Columbia, MD 21044-3357, (410) 730-7190. (COST: \$39.95)

Order #: 11648

Authors: Starrfield, J.H., Avnon, M., Starrfield, W., Rabinowitz, J., Heifetz, S.

Title: **Effects of Psychosocial Rehabilitation for Hospitalized Mentally Ill Homeless Persons.**

Source: Psychiatric Services 46(9): 948-952, 1995. (Journal Article: 5 pages)

Abstract: This article evaluates the effectiveness of a psychosocial rehabilitation program in preventing further hospitalization among a group of hospitalized people who are homeless, with severe mental illnesses, in Israel. The program includes inpatient and community residential phases designed to help the participants gradually become more independent. All clients discharged from the inpatient phases to supervised or independent community residences since 1982 were followed until December 31, 1992, to determine changes in hospitalization rates. The average follow-up time was six years. The percentage of time clients were hospitalized dropped from 64.9 percent before discharge to the community residences to 12 percent between discharge and follow-up (authors).

Clinical Issues

Order #: 12031

Authors: Stuart, G.W., Rush, A.J., Morris, J.A.

Title: Practice Guidelines in Mental Health and Addiction Services: Contributions From the American College of Mental Health Administration.

Source: Administration and Policy in Mental Health 30(1): 21-33, 2002. (Journal Article: 23 pages)

Abstract: Practice guidelines have proliferated in mental health and addiction services; more than 40 organizations have developed guidelines in the field. However, much confusion, controversy, and contextual issues remain, particularly regarding effective dissemination and the clinical, financial, political, and ethical issues that emerge when evidence-based behavioral health practice guidelines are implemented in systems of care. The American College of Mental Health Administration (ACMHA) focused on these problems in their 1999 and 2000 Santa Fe Summits and produced a number of specific outcomes that contribute to thinking in the field. These include the following: a taxonomy of building blocks for informed decision-making in behavioral health assessment and treatment; a paradigm for the development of practice guidelines; characteristics of a good practice guideline; strategies for disseminating and implementing practice guidelines; and areas in need of future research (authors).

Order #: 718

Authors: Susser, E., Goldfinger, S., White, A.

Title: Some Clinical Approaches to the Homeless Mentally Ill.

Source: Community Mental Health Journal 26(5): 463-480, 1990. (Journal Article: 18 pages)

Abstract: Treating homeless mentally ill individuals may require significant modifications of traditional clinical techniques. The authors discuss a number of therapeutic paradigms and clinical strategies that they have found to be effective in working with severely and persistently mentally ill persons who are chronically homeless. They emphasize those areas that differentiate work with this population from general clinical practice with the chronically mentally ill in clinics, hospitals and other more traditional settings. The general principles are illustrated with examples in a variety of settings.

Order #: 6411

Authors: Susser, E., Valencia, E., Conover, S., Felix, A., Tsai, W., Wyatt, R.J.

Title: Preventing Recurrent Homelessness Among Mentally Ill Men: A 'Critical Time' Intervention After Discharge from a Shelter.

Source: American Journal of Public Health 87(2): 256-262, 1997. (Journal Article: 7 pages)

Abstract: The authors describe a study that examined a strategy to prevent homelessness among individuals with severe mental illness by providing a bridge between institutional and community care. Ninety-six men with severe mental illness who were entering community housing from a shelter were randomized to receive nine months of a "critical time" intervention plus usual services or usual services only. The primary analysis compared the mean number of homeless nights for the two groups during the 18-month follow-up period. Results show, over the 18-month follow-up period, the average number of homeless nights was 30 for the critical time intervention group and 91 for the usual services group. Survival curves showed that after the nine-month period of active intervention, the difference between the two groups did not diminish. The authors conclude that strategies that focus on a critical time of transition may contribute to the prevention of recurrent homelessness among individuals with mental illness, even after the period of active intervention (authors).

Clinical Issues

Order #: 1487

Authors: Susser, E., Valencia, E., Goldfinger, S.M.

Title: **Clinical Care of Homeless Mentally Ill Individuals: Strategies and Adaptations.**

Source: In Lamb, H.R., Bachrach, L.L., Kass, F.I. (eds.), Treating the Homeless Mentally Ill. Washington, DC: American Psychiatric Association, 1992. (Book Chapter: 13 pages)

Abstract: Homeless individuals with serious mental illnesses are a diverse group whose symptoms and disabilities span a broad range of severity and chronicity. Nevertheless, clinicians have found that there are some useful general principles that can be applied to work with this population. Effective clinical interventions with the homeless mentally ill population frequently require substantial alteration in the initiation, scope, focus, and timing of clinical work. In this chapter, the authors focus on areas that differentiate work with this group from work with domiciled psychiatric patients. Also discussed are four basic stages: (1) introduction of services into the community, (2) outreach, (3) provision of treatment and other services during the time that individuals remain homeless, and (4) support in the transition to housing (authors).

Available From: American Psychiatric Association, 1000 Wilson Boulevard, Suite 1825 Arlington, Va. 22209, (703) 907-7300, www.psych.org.

Order #: 1491

Authors: Swayze, F.V.

Title: **Clinical Case Management With the Homeless Mentally Ill.**

Source: In Lamb, H.R., Bachrach, L.L., Kass, F.I. (eds.), Treating the Homeless Mentally Ill. Washington, DC: American Psychiatric Association, 1992. (Book Chapter: 17 pages)

Abstract: This chapter provides an overview of clinical case management for homeless people with mental illnesses. The author contends that clinical case management encompasses a knowledgeable set of treatment strategies and clinical skills in which the clinical case manager focuses simultaneously on treatment and environment. The goals, principles and strategies for engagement are reviewed and case vignettes are presented as examples.

Order #: 1486

Authors: Talbott, J.A.

Title: **Training Mental Health Professionals to Treat the Chronically Mentally Ill.**

Source: In Lamb, H.R., Bachrach, L.L., Kass, F.I. (eds.), Treating the Homeless Mentally Ill. Washington, DC: American Psychiatric Association, 1992. (Book Chapter: 15 pages)

Abstract: Given the striking interest in the public policy and service delivery issues relating to the care and treatment of the chronically mentally ill, it is surprising that there has been so little interest in the education and training of professionals who are expected to treat them. Interestingly, it seems that the literature gives more attention to training physicians to deal with the chronically mentally ill than it does to training other mental health professionals who work with the same population. In this chapter the author summarizes the recent thinking and writing regarding training and educational programs geared to those who care for the chronically mentally ill. He reviews what is known about who provides the bulk of care for this population; the curriculum content, experiential exposure, and attitudinal factors that constitute ideal educational programs; techniques for actually training persons to work with the chronically mentally ill; and the problem areas encountered in training, such as burnout and countertransference (author).

Clinical Issues

Order #: 12030

Authors: Timko, C., Moos, R.H.

Title: **Symptom Severity, Amount of Treatment, and 1-Year Outcomes Among Dual Diagnosis Patients.**

Source: Administration and Policy in Mental Health 30(1): 35-54, 2002. (Journal Article: 20 pages)

Abstract: This study reports on associations among symptom severity, amount of treatment, and 1-year outcomes in a national sample of 8,622 dual diagnosis patients, who were classified at treatment entry into low-, moderate-, and high-severity groups. Patients with more severe symptoms at intake had poorer 1-year outcomes. Higher severity patients did not receive adequate "doses" of care: Compared with low-severity patients, they had a shorter duration of care, although a longer duration was associated with improved outcomes; they also were less likely to receive outpatient substance abuse treatment, although more intensive treatment was associated with better drug outcomes. High-severity patients improved more on drug and legal outcomes, but less on psychiatric and family/social outcomes, than low-severity patients did when treatment was of longer duration or higher intensity. Dual diagnosis patients with highly severe symptoms would likely benefit from a longer episode of care that includes substance abuse and psychiatric outpatient treatment (authors).

Order #: 8667

Authors: Tolomiczenko, G.S., Sota, T., Goering, P.N.

Title: **Personality Assessment of Homeless Adults as a Tool for Service Planning.**

Source: Journal of Personality Disorders 14(2): 152-161, 2000. (Journal Article: 10 pages)

Abstract: The authors state that the psychiatric status of homeless adults has been described primarily in terms of Axis I disorders. By adding a subset of the Personality Assessment Inventory, the feasibility and usefulness of a brief, self-administered questionnaire to obtain scores on several dimensions of personality was tested. Cluster analysis sorted 112 subjects into four groups characterized by distinct profiles. Two of these were characterized by extreme scores on pathological dimensions of personality and differed primarily on the dimension of suicidality. The third reflected moderate levels of personality dysfunction and the fourth did not deviate from adult nonclinical norms. The validity of the clusters was supported by demographic, background, and diagnostic subgroup differences. The authors conclude that brief personality assessment can be a cost-effective approach to matching services with clinical needs of homeless adults by attending to interpersonal dimensions that will likely affect service provision (authors).

Order #: 1742

Authors: Tsemberis, S.J., Cohen, N.L., Jones, R.M.

Title: **Conducting Emergency Psychiatric Evaluations on the Street.**

Source: In Katz, S.E., Nardacci, D., and Sabatini, A. (eds.), Intensive Treatment of the Homeless Mentally Ill. Washington, DC: American Psychiatric Press, 1992. (Book Chapter: 19 pages)

Abstract: The Homeless Emergency Liaison Project (Project HELP) teams conduct psychiatric assessments of homeless mentally ill people who live on the streets, in parks, in transportation terminals, and in other unorthodox places. Thousands of assessments are conducted every year, only 10% of which result in hospitalization. In this chapter, the authors focus on the methods used to conduct these street assessments with special emphasis on the subset of patients who are hospitalized. They discuss the environmental, social, and legal contexts that influence the evaluations; the impact of comorbidity factors such as physical illness on overall assessment; the complexity of formulating diagnosis for mentally ill substance abusers; and findings from studies that have used Project HELP street assessments as a basis of comparison for hospitalized and nonhospitalized patients. In addition, the authors present clinical case examples to illustrate the relevant issues (authors).

Available From: American Psychiatric Press, Inc., 1000 Wilson Boulevard, Suite 1825, Arlington, VA 22209, www.appi.org.

Clinical Issues

Order #: 12079

Authors: Tyrer, P., Simmonds, S.

Title: **Treatment Models for Those with Severe Mental Illness and Comorbid Personality Disorder.**

Source: British Journal of Psychiatry 182(44): 15-18, 2003. (Journal Article: 4 pages)

Abstract: This article compares the outcomes of different treatment models for those dually diagnosed with personality disorder and severe mental illness. The outcome of patients with this combined diagnosis was compared in a systematic review of three randomized controlled trials in which different forms of community outreach treatment or intensive case treatment were compared with standard care. According to the authors, the results from the three studies showed that the outcome of comorbid diagnoses was worse than that of single diagnoses. Although assertive approaches reduced in-patient care, they sometimes did so at the expense of increasing social dysfunction and behavioral disturbance. The article states that for those with comorbid severe mental illness and personality disorder, the policy of assertive outreach and care in community settings may be inappropriate for both public and patients unless modified to take account of the special needs of this group (authors).

Order #: 1960

Authors: Ungerleider, J.T., Andrysiak, T., Siegel, N., Tidwell, D., Flynn, T.

Title: **Mental Health and Homelessness: The Clinician's View.**

Source: In Robertson, M. J., and Greenblatt, M. (eds.), Homelessness: A National Perspective. New York, NY: Plenum Press, 1992. (Book Chapter: 8 pages)

Abstract: This chapter presents the clinician's view of homelessness and related mental health issues based on the experiences of a mental health outreach team. This team operates in the shelters, meal programs, and jail of a high-density homeless area in a coastal suburb of Los Angeles County. The authors present system-related, community-related and helper-related problems of outreach (authors).

Available From: Plenum Press, 233 Spring Street, New York, NY 10013, (212) 620-8000, www.wkap.nl.

Order #: 1495

Authors: Vaccaro, J.V., Liberman, R.P., Friedlob, S., Dempsay, S.

Title: **Challenge and Opportunity: Rehabilitating the Homeless Mentally Ill.**

Source: In Lamb, H.R., Bachrach, L.L., Kass, F.I. (eds.), Treating the Homeless Mentally Ill. Washington, DC: American Psychiatric Association, 1992. (Book Chapter: 19 pages)

Abstract: The field of psychiatric rehabilitation has emerged as an organizing force in the comprehensive community care of individuals with psychiatric disorders. The rehabilitation process may be separated into six overlapping stages: engagement, functional assessment and goal setting, prevocational skill training, work adjustment, job seeking and acquisition, and sustained employment. In this chapter, the authors review these six stages of rehabilitation and then suggest ways these components of rehabilitation might be incorporated into community programs. This will be accomplished partly by describing a modified clubhouse program for the homeless mentally ill with which the authors are associated called Step up on Second. Step up on Second is located in an area of Los Angeles that has a high concentration of homeless individuals, and it caters to the special needs of those who are both seriously mentally ill and homeless. Most members of the program also carry a second diagnosis of substance abuse or dependence (authors).

Clinical Issues

Order #: 10282

Authors: Vamuakas, A., Rowe, M.

Title: **Mental Health Training in Emergency Homeless Shelters.**

Source: Community Mental Health Journal 37(3): 287-295, 2001. (Journal Article: 9 pages)

Abstract: The prevalence of mental illness among homeless persons points to the importance of providing mental health training to emergency shelter staff. The authors report on their own work and argue that such training offers the potential to significantly improve shelter staff's ability to respond to the needs of shelter residents with mental illness, and to the behavioral problems some of these individuals may pose for shelter operation. Mental health care providers should take into consideration organizational dynamics when planning and implementing such training.

Order #: 12390

Authors: Velligan, D., Lam, F., Ereshefsky, L., Miller, A.

Title: **Perspectives on Medication Adherence and Atypical Antipsychotic Medications.**

Source: Psychiatric Services 54(5): 665-667, 2003. (Journal Article: 3 pages)

Abstract: In this article, the authors detail the abysmal compliance level of a group of patients in Texas, some of whom were living in supervised residences, and were receiving atypical antipsychotics. The authors describe their experiences with the first 68 patients recruited for participation in a five-year study of treatment and adherence and outcomes in schizophrenia, funded by the National Institutes of Health. Preliminary findings and clinical observations were sufficiently worrisome that the authors wanted to share them sooner rather than later. The article describes this data on adherence to the atypical antipsychotic medications and suggest ways to improve adherence. The authors suggest that compliance is a complex issue and needs more attention than is now devoted to it (authors).

Order #: 2734

Authors: Weiden, P. and Havens, L.

Title: **Psychotherapeutic Management Techniques in the Treatment of Outpatients With Schizophrenia.**

Source: Hospital and Community Psychiatry 45(6): 549-555, 1994. (Journal Article: 7 pages)

Abstract: The authors review five common syndromes occurring during the course of treatment of patients with schizophrenia that interfere with the therapeutic alliance between patient and provider. The five syndromes include: paranoia; denial of illness; stigma; demoralization; and terror from awareness of having psychotic symptoms. According to the authors, mental health clinicians can use specific psychotherapeutic management techniques for these symptoms. Examples of these techniques include "sharing mistrust" for paranoid patients, providing patients who deny their illness with alternate points of view, making admiring and approving statements to demoralized patients, and normalizing experiences of stigmatized patients (authors).

Clinical Issues

Order #: 11209

Authors: Weiden, P., Scheifler, P., Diamond, R., Ross, R.

Title: Breakthroughs in Antipsychotic Medications: A Guide for Consumers, Families, and Clinicians.

Source: New York, NY: W.W. Norton and Company, 1999. (Book: 207 pages)

Abstract: This book helps consumers and their families weigh the pros and cons of switching medications. For people with schizophrenia and other psychotic disorders, antipsychotic medications are the key to recovery. During the last decade, new kinds of antipsychotics have become available, which have several advantages over the older medications and are transforming the lives of many people. With clear, simple language, this book answers frequently asked questions about antipsychotic medications and guides readers through the process of switching. Clinicians will appreciate the technical section, which includes fact sheets on the new medications and their side effects and discusses many pertinent switching issues. A clear and authoritative map for the road to recovery, this book is a valuable resource for consumers, families, and children.

Available From: W.W. Norton and Company, 500 Fifth Avenue, New York, N.Y. 10110, (212) 354-5500, www.wwnorton.com.

Order #: 11883

Authors: Whaley, A.L.

Title: Demographic and Clinical Correlates of Homelessness Among African Americans with Severe Mental Illness.

Source: Community Mental Health Journal 38(4): 327-338, 2002. (Journal Article: 10 pages)

Abstract: This article compares the demographic and clinical characteristics of African Americans with and without an immediate history of homelessness upon entry into a state psychiatric hospital. The author focuses on consumers who have never been married, have lifetime comorbid substance abuse, severe paranoia, and high self-esteem. These four significant predictors from the logit model were used to assign patients to different risk groups. There was a significant dose-response relationship between the percentage of cases of homelessness and the number of risk indicators (authors).

Order #: 8413

Authors: Wu, T., Serper, M.R.

Title: Social Support and Psychopathology in Homeless Patients Presenting for Emergency Psychiatric Treatment.

Source: Journal of Clinical Psychology 55(9): 1127-1133, 1999. (Journal Article: 7 pages)

Abstract: In this article, the authors compared homeless to domiciled psychiatric patients' symptomatology and perceived level of social support (PSS) within hours of psychiatric emergency service (PES) arrival. Homeless patients experienced less PSS and more negative symptoms, but not more psychosis, than their domiciled counterparts. Domiciled patients' PSS was highly related to their clinical presentation: less support predicted increased psychopathology. Homeless patients' clinical symptoms, although as common and severe, were unassociated with PSS. These findings suggest that homeless psychiatric patients may be less reactive to positive environmental influences like social support and manifest more severe and refractory symptoms than domiciled patients presenting for emergency treatment (authors).

Clinical Issues

Order #: 11502

Authors: Zerger, S.

Title: Substance Abuse Treatment: What Works for Homeless People? A Review of the Literature.

Source: Nashville, TN: National Health Care for the Homeless Council, 2002. (Literature Review: 62 pages)

Abstract: This new review of published literature on substance abuse treatment for homeless individuals summarizes substantive research findings on the efficacy of specific treatment modalities, addresses issues of engaging and retaining homeless individuals in treatment programs, and describes some assumptions and issues underlying this body of published research. This paper was prepared in collaboration with a group of Health Care for the Homeless clinicians, administrators, and researchers. This project was supported through a grant from the Health Resources and Services Administration, U.S. Department of Health and Human Services, to the National Health Care for the Homeless Council, Inc. (authors).

Available From: National Health Care for the Homeless Council, HCH Clinicians' Network, P.O. Box 60427, Nashville, TN 37206-0427, www.nhchc.org/Publications/SubstanceAbuseTreatmentLitReview.pdf.

Order #: 12541

Authors: Zweben, J.E.

Title: Severely and Persistently Mentally Ill Substance Abusers: Clinical and Policy Issues.

Source: Journal of Psychoactive Drugs 32(4): 383-389, 2000. (Journal Article: 6 pages)

Abstract: Communities that are struggling to provide effective treatment for the challenging population of severely mentally ill clients who use alcohol and drugs have a growing research base on which to make policy decisions. Integrating outpatient treatment for mental health and addictive disorders appears to be more effective than treatment in two separate systems. Integrated treatment at a single site allows for individualizing treatment priorities without fragmenting care. Harm reduction approaches provide a low threshold entry, which can be followed by interventions to enhance motivation. Managing patient benefits to discourage drug use reduces the likelihood of their becoming homeless, hospitalized or incarcerated. Inadequate treatment capacity plays a large role in the growing number of disturbed clients who end up in the criminal justice system. Effective community treatment requires vigorous collaboration between care providers. Ultimately, professional training programs need to produce clinicians who are competent and comfortable addressing alcohol and other drug use to implement effective treatment systems (author).